

NATIONAL LIBRARY OF MEDICINE



NLM 00137411 3

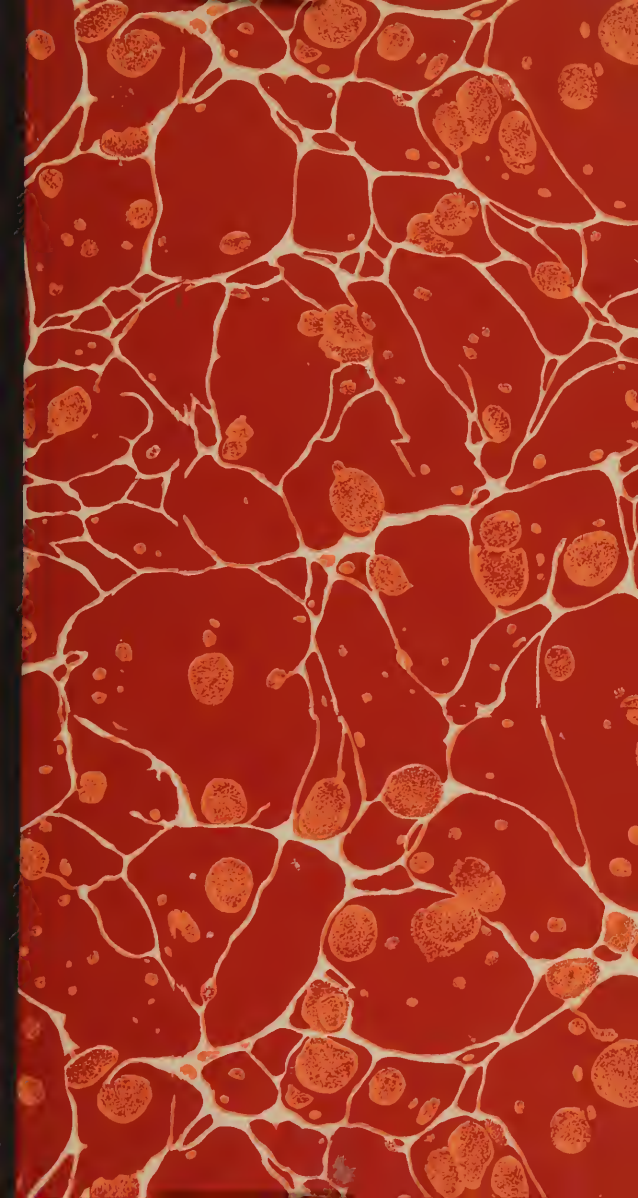
ARMY MEDICAL LIBRARY  
WASHINGTON

Founded 1836



Section .....

Number 291795 .....





THE  
KEY NOTES

OF

MEDICAL PRACTICE

BY

CH. GATCHELL, M.D.

FORMERLY PROFESSOR OF THE THEORY AND PRACTICE OF MEDICINE,  
UNIVERSITY OF MICHIGAN, AND PHYSICIAN TO UNIVERSITY  
HOSPITAL; ATTENDING PHYSICIAN AND CLINICAL LECTURER  
TO COOK COUNTY HOSPITAL, CHICAGO;  
AUTHOR OF "HOW TO FEED THE SICK."

ILLUSTRATED

29179

CHICAGO

GROSS & DELBRIDGE

1884

WBK  
G258K  
1884

Film No. 11640, No. 3

TO

RICHARD HUGHES,

WHO

HAS DONE

SO MUCH TO LEND

VALUE AND CHARACTER

TO THE SCIENCE OF MEDICINE,

IN GRATEFUL ACKNOWLEDGMENT OF MANY FAVORS,

AND IN MEMORY OF A PLEASANT DAY AT

BRIGHTON BY THE SEA,

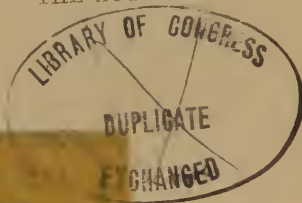
THIS BOOK IS

INSCRIBED

BY HIS

SINCERE ADMIRER AND FRIEND,

THE AUTHOR.



## PREFACE.

---

This book is intended to be a pocket companion for the busy practitioner. The effort has been to include in its pages that part of Medicine which makes up the bulk of the physician's daily practice.

In addition, I have endeavored to introduce much which forms part of a practical medical education, and yet is not taught in the college lecturo-room; what older physicians have learned only after years of experience, and gradually accumulated.

Directions for the management of the most pressing emergencies, medical, surgical and obstetric, are carefully given, while chronic diseases and rare cases, in the treatment of which there is always time and necessity for consulting larger works, receive no attention. A hand-book must treat of rules, not of exceptions.

An effort has been made to give additional weight to many recommendations by attaching to them the names of those who are widely and favorably known in our profession. Thus I have made frequent reference to our most eminent systematic writer, Richard Hughes, of England, who enriches and illuminates every subject which he touches. Baehr, Jousset, Dunham, Guernsey, Jahr, Bayes, and numerous others, have been called upon for the results of their experience.

I am much indebted to Dr. Chas. Adams, Attending Surgeon to Cook County Hospital, for very many contributions to the Part on Surgery, and the accuracy of the entire subject may be relied upon, since it has all undergone at his hands a careful and thorough revision.

Dr. J. H. Buffum, author of "Diseases and Injuries of the Eye," has very kindly prepared for me the article on that subject, thus rendering it worthy of entire confidence.

Dr. F. R. Day, formerly Resident Physician, Homœopathic Department, Cook County Hospital, has favored me with the drawings from which the illustrations have been prepared.

If those who have been many years in practice should seek in vain between these covers for remedies which they have at times found to be of signal service, let them reflect that if one thousand physicians, of our school, should each set about preparing a work of this character, there would be produced a thousand different books, with as great a variety of details as there were authors, and yet there would undoubtedly be a general agreement upon the *leading remedies* for each and every disease. It is this common ground that I have attempted to occupy.

CH. GATCHELL.

CHICAGO, November, 1883.



## PART I.

# MEDICAL PRACTICE.

---

## FEVERS.

### FEVER AND CHILL TEMPERATURES.

- 112.5° Fahr.—Highest ever recorded.  
107° or over—Death.  
106° to 107°—Almost always *fatal*; except in intermittent.  
105° to 106°—Intense fever; recovery doubtful.  
104° to 105°—High fever; dangerous if long-continued.  
102° to 104°—Active fever; recovery the rule.  
101° to 102°—Moderate fever.  
100° to 101°—Slight fever.  
99° to 100°—Feverishness.  
98.6° —Normal.  
97° to 98°—Subnormal; not grave.  
95° to 97°—Collapse; in *itself* without danger.  
93° to 95°—Algid collapse: *great* danger, though recovery *possible*.  
92° to 93°—*Fatal* collapse.

### CONTINUED FEVERS.

A Continued Fever is one which is marked by a constantly elevated temperature, without sufficient remission or exacerbation to alter the course from that of a *continuous* action.

### TYPHOID FEVER.

**SYNONYMS:** *Enteric Fever; Abdominal Typhus.*

**PROGNOSIS.** *Favorable:* Pulse of 110 to 115, with *distinct first sound*; temperature not higher than 104° to 105° Fahr. on eighth day; abdominal symptoms mild, and ceasing early.

*Unfavorable:* The continuance of *abdominal* symptoms so long as these last, patient not out of danger; pulse 120 to 130, with *feeble apex beat*, and *indistinct first sound*;

capillary bronchitis; hæmorrhage from bowels; severe cystitis; bed-sores; perforation of intestine (almost invariably fatal). Prognosis also bad in *fat* persons, *gouty* subjects, and *alcoholists*; also if complicated by disease of kidneys, organic disease or degeneration of heart, oedema of lungs, pyæmia, or gastric catarrh.

COMPLICATIONS. Pneumonitis; pleuritis; perforation of bowel and peritonitis; intestinal hæmorrhage; parotitis.

CAUSES OF DEATH. Excessive hæmorrhage; perforation and peritonitis; pneumonitis; asthenia.

### LEADING REMEDIES.

**Baptisia.** To be given as soon as typhoid fever is suspected, "in the period antecedent to the full development of the intestinal affection."—*Hughes*. Face dark red, with a besotted expression; dull, stupefying headache, with confusion of ideas; tongue brown and dry, pulse full and soft, dull, aching pains. Also, throughout the course of the disease, to reduce the high temperature.

**Bryonia.** Violent, stupefying headache, restless sleep, with moaning and groaning, face red and swollen, delirium day and night, with strange fancies, desire to escape. Tongue coated with a yellowish fur, with parched lips, great thirst, vomiting, tenderness at pit of the stomach, and constipation. Of no use after the diarrhœa has set in.

Belongs to treatment of mild cases, and "those in which the brain is not altogether deprived of its functional power." *Buehr*.

**Mercurius.** Tongue loaded with thick, moist, creamy coating; painful sensibility of whole abdomen; diarrhœa, stools copious, liquid, flocculent, sometimes a little bloody. Clammy, fœtid perspiration.

"Indicated by predominance of abdominal symptoms." *Joussel*.  
"Must be suspended as soon as *tongue becomes dry* and delirium manifests itself." *Lilienthal*.

**Rhus tox.** Mind dull and clouded, incoherent muttering, or active delirium; headache, epistaxis, tongue brown and *dry*, with red tip; lips, teeth and tongue covered with sordes, skin clammy, general trembling, debility and prostration, pulse weak and slow, abdomen bloated, frequent, involuntary, copious, yellowish evacuations. This remedy belongs to the treatment of the intestinal stage of the disease, after diarrhœa has set in. Also in pneumo-typhus, with epistaxis, severe bronchial affections, dirty-looking, sanguinolent expectoration.

"Rhus corresponds to typhus of intense character, beginning with chill, followed by burning heat, and a copious diarrhœa, which sets in early." *Buehr*.

**Arsenicum.** Extreme prostration, and great emacia-

tion, face pale and shrunken, falling of lower jaw, tongue dry and cracked, black, with inability to protrude it. mouth covered with *sordes*, great thirst, decubitus, sopor, picking at bed-clothes, distended abdomen, pulse small, almost imperceptible, irregular action of the heart, with indistinctness of first sound, violent, almost continuous relaxation of bowels, discharge *very fætid*. Breathing short and anxious, rattling cough, fætid breath. Symptoms of decomposition of the blood set in early, such as nose-bleed, bloody diarrhœa, bloody sputa, petechiæ on the skin.

This remedy should be given early, without waiting for the disease to develop its pernicious character.

"A remedy of priceless value." *Ruddock*. "Sometimes restoring the patient when almost beyond hope." *Laurie*.

**Mur. ac.** Extreme prostration, patient stupid and unconscious, sliding down in the bed, low, muttering delirium, picking at flocks, inability to protrude the tongue, depression of lower jaw, turning up of the eyes, involuntary stools and urine.

### SPECIAL REMEDIES.

**Opium.** Coma. stertorous breathing.

**Hyos.** Coma-vigil, or loquacious delirium.

**Tereb.** *Tympanites*, and hæmorrhage of bowels.

"Well-nigh specific for tympanites." *Hughes*.

**Bell.** Great cerebral congestion and furious delirium.

**Arnica.** Low condition, with involuntary discharges.

**Ant. tart.** Pneumo-typhus, with great rattling in chest, and dyspnoea.

**Phos.** Pneumo-typhus, with violent bronchitis, hepatization, hypostasis and laryngitis.

"Unsurpassed by any other medicine." *Baehr*.

### GENERAL MEASURES.

**Sick-room.** Let it be a large, *well-ventilated*, upper room with open fire-place, if possible. Make free use of disinfectants, and look well to sewer-pipes, or other sources of impure air. Immediately remove all soiled clothing, and immerse in chlorine water, and boil within twenty-four hours; all other articles should be *burned*. Receive all *discharges* into *porcelain* bed-pan, and cover immediately with solution sulphate-of-iron. As soon as vessel is removed from patient, cover with an old cloth, to prevent exhalations from escaping into room, and *immediately*

**Dispose of Discharges,** in the country, by emptying bed-pan into a freshly-dug hole *far-removed* from a privy or well, and cover with dry earth. If in the city, empty

into a water-closet, which must be used for *no other purpose*. At frequent intervals flush this closet with large quantities of solution of sulphate-of-iron.

**Bed.** If possible have two beds, and night and morning change the patient, airing one while using the other. *Avoid* use of feather-beds—too soft a mattress favors bed-sores; hair mattress best. Cover mattress with rubber-cloth, place over this the sheet, and a small “draw-sheet” under the hips. Let the pillows be small, rather hard, and so arranged as to support shoulders and expand the chest.

**Nursing.** See to it that the nurse gives the patient sufficient drink to slake thirst. Often when the patient is delirious or comatose, this is neglected. Have the *sordes* washed from lips, teeth and tongue with a soft cloth, moistened in lemon-water, as often as it accumulates. Examine the back and hips daily for redness. If it occur, have the spot washed four times daily in alcohol and water, dry thoroughly, dust with powder, and use air-cushions. Do not permit the patient to stand up, or in any way exert himself.

**Bathing.** Sponge the entire body several times daily with tepid water. If the temperature rise to 103° in axilla, put patient in warm bath, 80° to 90°, gradually lower temperature of bath by cold water till desired effect is produced. May have to go to 60°, but not lower. If temperature fall rapidly remove patient; if slowly, wait till temperature in axilla reaches 101°. Do not use bath later than second week. *Cold pack* answers same purpose. Spread a comfort on bed, over this, blankets, over these a sheet wrung out of cold water. Lay patient on the sheet, wrap him in it, then fold over him the free edges of the blankets and comfort, making all snug. Leave him till sheet becomes warm. This is very efficient method of reducing temperature.

**Diet.** Highly important. *Exclusive milk diet best*. Regularly every two hours give patient a glass of milk, or its equivalent at convenient intervals. If milk disagree, try it with lime-water, scalded, iced, or otherwise vary the method of administration until a form is found which the patient can take and digest. Let the patient draw the milk through a bent glass tube. If for any reason patient cannot take milk, give other food, being careful to have it *fluid in form, easy of digestion, and highly nutritious*. In early days give beef-broth, mutton-broth, chicken-broth; later, food which is *stimulating* as well as nourishing—beef-tea, wine-whey, *café-au-lait*, or egg and coffee; again come back to broths and gruels after period of depression has passed. Vary diet to suit caprice of patient. But remember that the milk-diet is superior to all others, and need not be departed from if it agree with the patient.

**Examining Patient.** Notice particularly at each visit—pulse, nature of heart-beat; state of abdomen; temperature; number and character of discharges; respiration, and state of lungs.

**Convalescence.** *Especial* care demanded during this period. *Avoid use of vegetables. No solid food must be taken until stools are consistent and fecal. The slightest error in diet may excite a relapse.*

## TYPHUS FEVER.

**SYNONYMS:** *Ship Fever; Jail Fever.*

**PROGNOSIS.** Always grave. *Unfavorable:* High temperature; frequent pulse; early furious delirium, or early stupor; previous debility; in *alcoholists* usually fatal.

*Favorable:* Youth; moderate temperature and pulse, and mild nervous symptoms.

**COMPLICATIONS.** Pneumonia and swollen parotid glands most common.

**CAUSES OF DEATH.** May result from meningitis; pneumonia; capillary bronchitis; gangrene; asthenia and paralysis of the heart; nephritis.

## LEADING REMEDIES.

**Baptisia.** Early stage, with *high fever* and intense character of the onset.

**Phosphoric acid.** Great *nervous depression*, with but *slight febrile excitement* or signs of blood poisoning. Complete apathy and indifference; quiet delirium, with stupefaction, deafness, dull, staring look, epistaxis; distention of abdomen, with rumbling and gurgling; watery, grayish diarrhœa; thick, cloudy urine; profuse perspiration. Pulse weak, small, frequent, intermitting.

**Phosphorus.** For a *still lower grade* of nervous depression. Eyes hollow and sunken, frequent and copious epistaxis, dryness of mouth, gums stand off from teeth, and bleed easily, vomiting of watery, bilious, or slimy masses; loud rumbling and meteorism of abdomen; grayish or black discharges, from decomposed blood; roseola spots, or echymoses. Also in pneumonic complication, the chief remedy.

“May save life at the utmost extremity.” *Hughes.*

**Arsenicum.** Intense febrile toxæmia. Great restlessness and anxiety, tongue black, dry and hard, speech unintelligible, excessive thirst, meteorism, involuntary stools and urine, discharges brown, watery, foul; hæmorrhage from bowels, cold, clammy perspiration and decubitus. Also for kidney complications, with suppression of urine.

**Opium.** Stupor or coma.

**Merc. biniod., Rhus.** Parotitis.

**Rhus, Mur. acid.** For milder forms of febrile toxæmia.

**Bell.** Headache, cerebral congestion and active delirium.

**Stram.** Delirium so furious as to threaten patient's exhaustion.

**GENERAL MEASURES.** Typhus being highly contagious, strictly quarantine the patient, and observe all antiseptic precautions. Give abundance of *fresh air*; remove all windows, regardless of cold, and keep patient well protected with blankets. Guard against bed-sores. In noisy streets, stuff ears with cotton. If temperature rise to over  $104^{\circ}$ , put patient in bath ten degrees below temperature of body, and gradually reduce temp. of water to  $70^{\circ}$ , till bodily temp. falls to  $101^{\circ}$  or  $102^{\circ}$ . If heart's action weak, much prostration and feeble circulation, give occasional dose of brandy—not more than one ounce in 24 hours.

**Diet.** Of greatest importance to aid nutrition. Begin early, and give small quantities very nutritious food regularly and *persistently*. Milk is the best. Also use beef-tea and broths. If necessary, support by nutrient enemata.

## DIFFERENTIAL DIAGNOSIS.

### TYPHOID.

#### ENDEMIC.

*Advent insidious*, with general malaise, headache, chill rare, several days before patient takes to bed.

*Temp.* little rise at onset; maximum about 7th day. Exacerbates.

*Eruption*, lenticular spots, *bright rose color*. Successive crops. Abdomen.

*Delirium* appears late; low muttering.

*Countenance*, pale, olive, leaden.

*Emaciation* great.

*Bowels*: Tympanites, and "pea-soup" diarrhœa.

*Duration* 21 to 40 days.

*Terminates* by lysis.

### TYPHUS.

#### EPIDEMIC.

*Advent, sudden*, with intense chill, steadily increasing headache with great prostration.

*Temp.*: 2nd day,  $104^{\circ}$ :  $105^{\circ}$ :  $107^{\circ}$  on the 3d day; remains high to end.

*Eruption*, small, slightly elevated, called "*mulberry rash*." Remains throughout disease. Sides of chest and extremities.

*Delirium* active from first.

*Countenance*, dull, heavy—late, mahogany color.

*Emaciation* slight.

*Bowels*: Constipated; no tympanites.

*Duration*, 14 days.

*Terminates* by crisis.

## CEREBRO-SPINAL FEVER.

**SYNONYMS:** *Spotted Fever; C.-S. Meningitis.*

**PROGNOSIS.** *Grave. Unfavorable:* Extensive hæmorrhage into cutis, with marked signs of vital prostration. More fatal among infants and young children, than youths and adults. Continued rapidity of pulse unfavorable. *Favorable:* cessation of headache; free perspiration.

**COMPLICATIONS:** Pneumonia; nephritis; œdema and congestion of lungs.

**CAUSES OF DEATH.** Asphyxia, from lesion in respiratory nerve-centre; asthenia; œdema of lungs; necræmia.

## LEADING REMEDIES.

**Gelsemium.** Early in the attack. Fever, great languor and drowsiness, obscuration of sight, vertigo, respiration slow and sighing, pulse soft and feeble, complete loss of muscular power.

In my hands this has been one of the most efficient remedies.

**Verat. vir.** Severe frontal headache, violent vomiting, pain in stomach, convulsions, retraction of head, opisthotonos, rolling of eyes, dilated pupils, pulse labored, slow and irregular.

"Used with great success in many undoubted cases." *Hale.*

**Belladonna.** Violent headache, drowsiness, delirium, cutaneous hyperæsthesia, face red and bloated, boring of head into pillow, spasmodic distortion of face, grinding of teeth, cold extremities.

**Cicuta.** Dilated pupils, staring look, jerking of eyeballs and muscles of face, arms and hands, deafness, pale face, head retracted, rigid spine, dysphagia, insensibility.

"Is considered by many to be nearly a specific in this disease." *Lilienthal.*

**Hydrocyanic acid.** Fulminant cases. Patient stricken down suddenly, loss of consciousness, dyspnœa, gasping, small pulse, purple face, tonic spasms, low moaning, fluttering pulse.

**Hyos.** Delirium and convulsions.

**Opium.** Face bloated, eyes fixed, half-closed lids, deep, slow breathing.

**Actea.** Spasms continue after acute symptoms have subsided.

**Arsenicum.** Septic symptoms, foul discharges from the bowels, signs of decomposition of blood, petechiæ.

**Rhus, Bry.** Typhoid-like state, low fever, etc.

**GENERAL MEASURES.** Most important to get up free diaphoresis early. Put patient into a hot bath—104 – 106 —for a short time, then wrap in warm blankets until

*free perspiration* is induced. Repeat if skin again becomes dry and hot. Ice-bag to head.

**Diet.** Give concentrated liquid food freely.—milk, beef-tea, broths. Nourish by enemata, if patient cannot take food by the mouth.

Look to state of sewage and drainage, and provide for good ventilation of the dwelling. Observe great care during convalescence; relapses generally fatal.

## SIMPLE CONTINUED FEVER.

**SYNONYM:** *Gastric fever.*

**PROGNOSIS.** In absence of complications, always favorable.

**Baptisia.** Chilliness, fever, violent headache, great languor, loss of appetite, great thirst, thick, white coating on tongue, nausea, vomiting, epigastrium and abdomen sensitive, constipation, with later diarrhœa.

"Baptisia is a true specific. Defervescence and crisis will follow its use in a very short time." *Hughes.*

**Arsenicum.** Later in disease, the tongue dry and brownish, abdomen distended, great thirst, prostration, restlessness, diarrhœa, burning pains in stomach, pale face, cold extremities.

**Bryonia.** Vertigo, nausea and faintness on sitting up, fullness in forehead, as if everything would be pressed out, splitting headache, lips parched, dry and cracked, tongue coated, constipation; great irritability.

**Mercurius.** Pale, yellow, earthy color of face, tongue thick, yellow coating, fetid breath, gums swollen, profuse secretion of saliva, region of stomach sore to touch, dark-red urine, diarrhœa.

**Ant. tart.** Empty or putrid eructations, constant nausea and inclination to vomit, loss of appetite, loathing of food, great secretion of mucus, apathetic state, excessive debility and prostration, alternate mucous diarrhœa and constipation.

**CONSULT**—*Nux v., Puls., Iris, Ipec.*

**GENERAL MEASURES.** Plain and simple food must be given, as every error in diet is apt to cause a relapse.

---

## ERUPTIVE FEVERS.

The Eruptive Fevers are distinguished by a high degree of contagion, a period of incubation, intense fever, a characteristic eruption, and immunity after one attack.



## SCARLET FEVER.

**SYNONYM:** *Scarlatina*.

**PROGNOSIS.** Depends upon character of prevailing epidemic. In severe cases, always uncertain. *Unfavorable:* Temperature of  $105^{\circ}+$ ; dyspnoea; cold surface; livid hue of eruption; suppurative pharyngitis; persistent vomiting; complete suppression of urine. Also bad in the very young, in organic disease, and if complicated.

**LEADING REMEDIES.**

**Sc. Simplex.** *Ac., Bell., Rhus.*

**Sc. Anginosa.** *Apis., Merc. iod., Amm. Carb., Ac. Mur., Lach.*

**Sc. Maligna.** *Ailanth., Ars., Ac. Mur., Cup. Acet., Rhus.*

**Aconite.** Has a limited use early, to subdue arterial excitement.

**Belladonna.** In sthenic form, the eruption smooth and shining, with great vascular and nervous excitement. Congestion of brain and delirium, throbbing of carotids, eyes injected, face fiery red, tongue white, with red edges, or red, with raised papillæ; fauces and tonsils inflamed and swollen; external swelling of neck. Of no benefit in adynamic cases.

**Rhus.** *Scarlatina simplex*, when eruption is miliary, the rash being interspersed with fine red points, and sometimes fine vesicles. Also, in the adynamic form, eruption dark, eyes swimming, tongue dark brown and dry, lips and teeth covered with sordes, drowsiness, low, muttering delirium, epistaxis, swollen parotids, and thin, offensive discharges from bowels.

I have used *Rhus* in these cases with great success.

**Apis.** Fever of low type. Tongue deep-red and covered with blisters, tonsils œdematous, swollen and ulcerated. abdomen sore to touch, slimy and bloody discharges from bowels, urine scanty and dark-red, micturition frequent and painful, loss of consciousness, delirium, sopor. Also for œdema and dropsy.

**Ammon. carb.** Swelling of parotid and lymphatic glands of neck, throat dark-red, with tendency to gangrenous ulceration.

**Merc. iod.** Much glandular swelling, with stiffness and pain, salivation, fetor of breath, rapid and great prostration, commencing ulceration of throat.

**Ailanthus.** Malignant cases, the patient being suddenly taken with violent vomiting, severe headache, intolerance of light, hot, dark-red face, rapid, small pulse, high temperature, drowsiness, muttering delirium, dark, livid, miliary-rash, in patches.

"Directly specific, and of eminent value." *Dr. Madden.*

**Arsenicum.** The eruption grows suddenly pale, skin cold, small pulse, rapid prostration, putrid sore-throat, great restlessness, dyspnœa; fetid, involuntary discharges from the bowels.

**Cuprum acet.** Sudden retrocession of eruption, followed by vomiting, convulsions, rolling of eyes, distortion of face, sopor and delirium, signs of metastasis to brain.

"Employed with gratifying success." *Dr. Drummond.*

**Muriatic acid.** Malignant cases. Severe ulceration of throat, fetid breath, acrid discharges from nose, soreness and vesicles about nose and mouth, eruption faint and livid, flushed cheeks, eyes dull red.

**Lachesis.** Throat swollen, ulcerated, livid, great fetor of breath, the system seeming to be re-inoculated from the ulcerated sore-throat, with general prostration, quick, feeble pulse, low, muttering delirium, and jactitation.

"It has never disappointed me." *Hughes.*

**Cuprum acet.** Retrocession of eruption; quick, small, irregular pulse, low temperature, sopor, rolling of eyes, facial distortion, spasm of various muscles, cold face, blue lips, convulsions.

Retrocession of eruption.—*Ars., Cup. acet., Camph.*

When the fever degenerates into a low, typhoid-like condition.—*Rhus, Ars., Lach.*

Stage of desquamation.—*Ars., Sulph.*

Nephritis and dropsy.—*Ars., Apis, Tereb.*

Discharges from ears.—*Ac. mur., Hep.-s., Sil., Graph., Merc. dulc.*

Discharge from nose.—*Ac. mur., Aur., Ars.*

Inflammation of eyes.—*Acon., Sulph.*

Glandular Swellings.—*Rhus, Lach., Merc.*

**GENERAL MEASURES.** Quarantine patient, and remove other children. Put patient in an *upper* room, large, *well-ventilated*, and free from upholstered furniture and drapings. Use all antiseptic precautions with clothing, utensils, and discharges. Sponging body frequently with tepid water moderates fever, allays restlessness and favors sleep. Promote free action of skin. Watch state of urine, and anticipate kidney complication. Use caution until recovery is fully established.

**Diet.** Light and nutritious. Milk, broths, gruels, toast, etc. Drinking large quantities of water favors action of kidneys. In low cases feed as in typhoid.

## MEASLES.

**SYNONYMS:** *Morbilli; Rubeola.*

**PROGNOSIS.** If uncomplicated, favorable.

*Unfavorable:*—In tuberculous subjects, and cachectic

constitutions: black-measles; complicated by epistaxis, diphtheria, capillary bronchitis, or broncho-pneumonia.

### LEADING REMEDIES.

**Aconite.** High temperature and other febrile symptoms—hot skin, red eyes, intolerance of light, general malaise. In simple cases, the only remedy required.

**Pulsatilla.** Eyes red and watery, sensitive to light, thick, yellow discharge from nose, dry mouth, no thirst, loose cough, rumbling in bowels, and diarrhœa.

"Of high repute for the diarrhœa." *Hughes.*

**Euphrasia.** Streaming of hot, burning tears from the eyes, with great photophobia: profuse running from the nose, without burning.

"Invaluable for the nasal and conjunctival catarrh." *Hughes.*

**Bryonia.** Eruption retarded, or retrocession of eruption, with oppression of chest and laborious breathing. Dry cough, with shooting pains in chest.

"Remarkably successful in bronchitis." *Jousset.*

**Ipecac.** Eruption retarded or suppressed, with nausea or vomiting, and rattling of mucus in the chest. Will generally stop the epistaxis.

**Verat. vir.** Convulsions before the eruption. Congestion of lungs during febrile stage.

**Arsenicum.** Adynamic and malignant cases. Burning heat of skin, quick, small pulse, great anxiety, restlessness, sudden retrocession of rash, pale, bloated face, great sinking of strength.

**Camphor.** Rubeola Fulminans. Face grows suddenly pale, skin cold and purple, stiffness of body, utter prostration and collapse. Give drop doses, frequently repeated.

### SPECIAL REMEDIES.

**Phos.** Bronchitis or pneumonia.

**Rhus.** Low fever, dry, brown tongue.

**Kali bi.** The hoarse, laryngeal cough.

**Cupr. acet.** Retrocedent, affecting brain.

**Bell.** Cerebral congestion or sore throat.

**Sulph.** To promote recovery; strumous subjects.

**Merc.** Glandular swelling, ulcerations, dysentery.

**GENERAL MEASURES.** Quarantine patient. Room well ventilated, with even temperature. Darken room while eyes are sensitive. To relieve itching and burning of skin, cool water spongings. Warm bath to bring out delayed eruptions. If temperature rise to 103°-104°, reduce by cool sponge-baths. Protect patient against cold air and sudden changes of temperature, and keep *chest* well protected. Diet of milk and broths.

## SMALL-POX.

**SYNONYMS:** *Variola; Varioloid.*

**PROGNOSIS.** Depends on type of disease. In *V. discreta*, uncomplicated, favorable. In *V. confluentes*, grave. *Unfavorable*:—In the intemperate: syphilitic; extremes of life (recovery rare after 60); lung complications; *inflammation* of skin *between* pustules; epistaxis and other hæmorrhages; scanty urine early; intense secondary fever, between ninth and twelfth days. In *V. hæmorrhagica* recovery rare.

**CAUSES OF DEATH.**—Œdema glottidis; general bronchitis; pneumonia; acute fatty degeneration of kidneys; asthenia.

**LEADING REMEDIES.**

*VARIOLA DISCRETA.* *Bell., Ant. tart., Sulph.*

*VARIOLA CONFLUENTES.* *Sulph., Ars., Phos.*

*VARIOLA HÆMORRHAGICA.* *Phos., Ars., Lach.*

*Ant. tart.* One of the most useful remedies; it reduces the fever, the pustules run their normal course. It is also especially useful in pulmonary complications, and for gastric disturbances. Given early it mitigates the severity of the disease.

*Belladonna.* High fever, severe local symptoms, throbbing carotids, injected eyes, photophobia, sore throat, severe pain in back, starting and jumping in sleep, delirium.

*Mercurius.* Maturation impending, and suppurative fever rising. Moist, swollen tongue, ulcerated throat, fetid breath, profuse flow of saliva. Dysenteric discharges from bowels.

*Arsenicum.* Hæmorrhagic variola. Eruption dark, skin blue or livid, great sinking of strength, small, frequent pulse, extreme thirst, anguish and restlessness.

*Actea.* Early stage; severe pain in back and eyes, headache, sore, bruised pain all over, exhaustion, nausea.

*Hydrastis.* Great redness, swelling and itching of the skin, with very sore throat. Intense aching in small of back and legs. Especially useful when ulcers occur on mucous membrane of mouth and fauces.

*Sulphur.* Disease pursues an irregular course, pustules become purple or black. Also for period of dessication.

**SPECIAL REMEDIES.**

*Pneumonia.* *Ant. tart., Phos.*

*Glandular Swellings.* *Merc. iod.*

*Low, Typhoid State.* *Bapt., Ars.*

*Congestion of Lungs.* *Verat. vir., Acon., Bry.*

Boils. *Hep. s., Sulph., Phos.*

Ophthalmia. *Merc. corr., Sulph.*

Delirium. *Bell., Stram., Verat. r.*

Dropsical Swellings. *Apis., Ars.*

Repercussion of Eruption. *Camph., Ars., Sulph.*

**GENERAL MEASURES.** *Complete isolation.* Vaccinate patient, if this had never been done. *Free ventilation* of apartment *highly* important. Should be attended by one who has already suffered from the disease. *Cleanliness* and *disinfection* of strictest kind. In cold weather, keep patient well covered, fire in room, but windows *wide open*. Guard against bed-sores. Give patient frequent sponge-baths. Do not injure pustules. Let adults wear loose gloves, and bind the hands of children, to prevent scratching. To prevent pitting, keep patient in *dark* room, protect pustules from injury, and keep each one well anointed with *Vaseline* and *flour*, made into a paste. *Cold water* compresses to face and hands often allay the burning pain. If ulcers in mouth and throat, let patient take bits of ice, and use mild *Hydrastis* gargle.

**Clothing.** After the attack, *destroy all* clothing, and fumigate room.

**Diet.** From beginning, give sustaining diet of milk, eggs, animal broths, oysters, and beef-tea every three hours. *Fresh, ripe* fruits allowable if bowels not affected. For drink, give iced milk, or if this does not agree, lemonade, or raspberry-vinegar water.

## VACCINATION.

*Caution.* Be sure to use only a pure article of *bovine virus*. Keep in cool place in a tightly-corked vial.

Scrape the skin in three places till true skin is reached and ready to bleed, but without any *flow* of blood. Moisten the *virus*, and rub it well over the raw surfaces. Or, make several slight horizontal and transverse cuts, crossing each other, and rub the *virus* over these. Let it thoroughly dry, or, put piece of plaster over. If the vaccination "*takes*"—

*3rd day.*—Papule appears.

*6th day.*—Vesicle, with central depression.

*8th day.*—Vesicle distended with lymph, and has wide, red areola.

*10th day.*—Areola begins to fade.

*14th day.*—A brown, mahogany crust has formed.

*23rd day.*—Crust becomes detached.

The fever which sometimes accompanies may be met by *Belladonna*.

Vaccination should be performed at least twice—in infancy and at the age of puberty. Also, whenever exposure is liable to occur.

## DIFFERENTIAL DIAGNOSIS.

## SCARLET FEVER.

*Incubation* 1 day to seven weeks—average, 4-7 days.

*Stages.*—Incubation, invasion, eruption, desquamation.

*Invasion.*—Headache, vomiting, malaise, sore-throat.

*Fever.*—Temperature may reach 105°-107°, with great heat of skin and frequent pulse; fever higher during eruption.

*Cerebral symptoms* frequent and grave.

*Eruption* appears first on neck and chest, 24 hours after invasion; spreads rapidly. Color, *bright rose*, or *deep red*. Finger nail drawn over makes white streak lasting several minutes.

*Desquamation.*—Large patches—especially from hands and feet; itching.

*Tongue.*—"Strawberry."

*Face* flushed, dry, red.

*Emaciation* slight.

*Duration* 21-28 days.

*Crisis* about 14th day.

*Sequelæ.*—Nephritis; dropsy; otitis; ophthalmia; glandular enlargements.

## MEASLES.

*Incubation* 7-14 days.

*Stages.*—Premonitory, eruption, desquamation.

*Invasion.*—Chill, coryza, headache, lassitude, cough, fever.

*Fever.* Temperature may reach 105°—falls after eruption.

*Cerebral Symptoms* usually absent.

*Eruption.*—On 4th day appears first on face; spreads gradually; color, *rose-red* or *maogany*; is rough; may be confluent, crescentic and papular. Line made by finger nail disappears quickly.

*Desquamation.*—Bran-like, mealy odor.

*Tongue* coated, with red edges.

*Face.*—Suffused and watery eyes.

*Emaciation* not marked.

*Duration* 14-21 days.

*Crisis*—none.

*Sequelæ.*—Chronic bronchitis; otorrhœa; ophthalmia; phthisis.

## SMALL-POX.

*Incubation* 5-20 days—average, 10 days.

*Stages.*—Incubation, eruption, suppuration, desiccation.

*Invasion.*—Chilliness, *Severe* pain in back and head.

*Fever.*—Temperature of 106°, with bounding pulse, pain in head and back—relief from eruption. *Secondary* fever—very high on 8th day—and falls slowly.

*Cerebral Symptoms*—frequent—delirium about 3rd day. Convulsions in children.

*Eruption.*—On 3rd or 4th day appears first at edge of hair, lips, palate or fœces. First *macule*, then *vesicle*, *pustule*, which may *slough*, and leave *ciatrix*, or form *scab*.

*Desquamation.*—Scabs, crusts and thick scales; violent itching.

*Tongue* coated, swollen, with red edges.

*Face* flushed, anxious; photophobia.

*Emaciation* great.

*Duration* 4-5 weeks.

*Crisis* about 21st day.

*Sequelæ.*—Chronic diarrhœa; abscesses; glandular enlargements; various diseases of eyeball and eyelids.

## DENGUE.

**SYNONYM:** "*Break-bone Fever.*"

**PROGNOSIS.** *Favorable*, except in the aged, and in feeble infants.

**LEADING REMEDIES.** Gels., Bry., Eup., Rhus, Actea, Ars.

---

## PERIODICAL FEVERS.

Periodical Fevers are marked by intervals in the course of the disease during which the patient is almost or quite free from fever.

## INTERMITTENT FEVER.

**SYNONYM:** *Ague.*

## LEADING REMEDIES.

**Cinchona.** Recent cases. Paroxysm preceded by headache, hunger, palpitation. Each stage well-marked—first the *chill*, which is *severe*, and the principal feature of the attack, with violent shivering and aching pains; then the *fever*, followed by violent thirst and *sweat* which is sometimes profuse and exhausting. *Apyrexia*:—Patient suffers but little—feels almost in ordinary health.

**DOSE.**—First decimal, or centesimal. trituration, two or three grains every three or four hours in *apyrexia*.—*Hughes, Baehr, Panelli, Jousset.*

"Undoubtedly the most important remedy." *Baehr.*

**Arsenicum.** Attack preceded by weariness, approaching prostration. *Paroxysm imperfectly developed.* Before chill, vertigo, headache, yawning, stretching, and general sense of discomfort. *Chill and heat intermingled*; oppressed breathing, nausea, sometimes vomiting; small, feeble pulse, even during hot stage. One of the stages often absent—sometimes the sweat, but usually the chill. Tendency to increase in the severity of the paroxysms, and rapid and excessive prostration. *Urgent thirst* throughout. *Apyrexia*:—Prostration, nausea, pains in stomach and bowels, dropsical swellings.

**Ipecacuanha.** Backache, short chill, long fever. Nausea, vomiting, and other *gastric disturbances*, occurring before and during chill and heat; tongue thickly coated with yellowish, moist fur; great oppression of chest. *Nausea and vomiting predominate.* *Apyrexia*:—More or less *gastric disturbance.*

"Useful in mild forms of tertian." *Baehr.*

**Nux. v.** Chill, long-lasting and hard, fever severe, sweat profuse; both chill and fever accompanied by *much gastric and bilious* disturbance. Distressing pains in head, back, and legs. During chill external warmth aggravates and causes shivering.

"Nux, in alternation with Ipec., for impure intermittents in non-aguish districts." *Hughes.*

**Natr. mur.**<sup>30</sup> Chill beginning in feet or small of back; blue nails, thirst, *bursting headache*, relieved by sweating. Bilious chill. Bilious vomiting before and during chill. For *severe* cases Dose:—"I am compelled to declare myself for the higher dilutions." *Dr. Watzke.*

"One of the most powerful remedies." *Mitchell.*

**Eupator. perf.** Thirst several hours before chill, continuing during chill and heat. Chill *short*, hot stage *protracted*, and sweat *slight*. Vomiting of bile at end of chill. During chill and heat back aches *violently, as if it would break.*

**Veratrum alb.** Predominance of external *coldness*; *cold, clammy* perspiration; *great* thirst, especially during chill and sweating. Great exhaustion and sinking of strength. Vomiting and diarrhoea, with griping, and pain in back and loins.

"Indicated in the most pernicious kinds." *Rauc.*

**Phos. ac.** *Profuse* sweat.

**Gels.** Severe nervous symptoms.

**Acon.** Recent cases in plethoric subjects.

**Cedron.** Chills recur with marked regularity.

**Ign.** Chill relieved by external warmth. Thirst only after paroxysm.

**Caps.** The sweat coincides with the heat instead of following it.

**Puls.** Gastric symptoms and resulting chlorosis and hydræmia.

**Hydrastis.** Cachectic subjects with hepatic and gastric symptoms.

**Ars., Ipec., Cedr., Sulph.,** for dumb-ague.

Chinoidine will often cure when *Quin. sulph.* fails.

**GENERAL MEASURES.** During paroxysm, give *Acon.* to mitigate severity. Apply artificial heat during chills, cooling drinks during hot stage, and warm, dry linen after sweat.

In malarial districts, avoid out-door air after sundown; sleep in upper room.

## REMITTENT FEVER.

**SYNONYM:** *Bilious Fever; Typho-malarial Fever.*

**PROGNOSIS.** Favorable.



### LEADING REMEDIES.

**Belladonna.** For initiatory fever. Severe chill, with vomiting and retching, violent fever, which is especially high at night.

**Gelsemium.** Congestion of head, flushed face, chilliness, languor, great muscular weakness, pulse full, quick and soft; dull pain in head, back and limbs.

China. Great prostration. Fluctuating pulse. humming in the ears; marked remission.

**Ipecacuanha.** Gastric disturbance, headache, yellow or white coated tongue, bitter taste, vomiting and continued nausea.

**Mercurius.** Thick, yellow, pasty coating on tongue, earthy color of face, bitter taste, soreness in liver.

\* Applicable during greater part of disease." *Bachr.*

**Bryonia.** Pressive or tearing pains in chest, better when at rest. Thin coating on tongue, *bitter* taste, constipation. Distinctly marked febrile motion.

*Pulsatilla*. Whitish coating on tongue, bitter eructations, bitter vomiting; chilliness; thirstlessness.

**Rhus.** Fever degenerates into a low, typhoid state, with adynamia, diarrhœa, tongue brown and dry, sordes on lips, teeth and tongue.

**Arsenicum.** Great emaciation, prostration and restlessness, with intense thirst; dark, fetid discharges from the bowels.

**GENERAL MEASURES.** Sometimes degenerates into low "typhoid" condition, when nursing and diet should be similar to that recommended for Enteric Fever.

## PERNICIOUS AGUE.

**SYNONYM:** "Congestive Chill."

[illegible]

**PROGNOSIS.** Grave. Recovery rare if more than two paroxysms occur.

"I have never lost a patient except where there has been an evident *heart affection*—a fatty condition or dilatation—or where an organic brain lesion has occurred during the first chill." J. P. Dake.

**TREATMENT.** Must be prompt and vigorous. Bring about re-action as soon as possible. In *cold stage*, heat to surface, with stimulants. When cerebral congestion, cold affusions to head.

## LEADING REMEDIES.

**Arsenicum.** Cold, clammy sweat, breath cold, eyes sunk in sockets, Hippocratic countenance, great prostration, with great anguish, thirst and restlessness.

**Veratrum vir.** Intense cerebral congestion; delirium; face purple; violent throbbing of carotids; pulse full, hard, and bounding.

"Especially when the congestion involves the brain, and the chill has been severe and profound." *J. P. Dake.*

**Gelsemium.** Burning heat of the surface. great sensitiveness to light and sound; delirium; predominance of nervous symptoms. with great muscular weakness.

"When brain and spinal cord are both pressed, and heart's action irregular." *J. P. Dake.*

**Quin. sulph.** Must be freely given to bring about reaction. Give grs. v. every two hours, or grs. iij every hour, till signs of reaction appear, then grs. ij every three hours till the time for another paroxysm is past. *Capsicum ann.*, one-fourth part, may be advantageously combined with the Quinia.

If dose cannot be given by stomach, administer subcutaneously

#### LENTE'S SOLUTION

℞. Bisulphate of quinine.....50 grains,  
Dilute sulphuric acid..... 1 drachm,  
Carbolic acid, liq.,..... 5 minims,  
Water, to make,..... 1 ounce.

Dissolve the bi-sulphate in the sulphuric acid and water, by the aid of heat; filter, and add the carbolic acid. Ten drops contain one grain of the bi-sulphate.

"Subcutaneous injection is the quickest and most powerful means of bringing the patient under the influence of quinine." *Bartholow.*

#### SOLUTION OF SULPHATE OF QUININE.

℞. Sulphate of quinine,.....30 grains,  
Sulphuric acid, dilute..... sufficient,  
Water,..... 2 ounces. Mix.

Give in syrup of licorice.

"Quinine is called for in some cases—perhaps at some stage in all cases—and no other remedy can take its place." *J. P. Dake.*

"The prompt and energetic administration of Quinine is imperatively demanded." *L. A. Falligant.*

"My treatment is Quinine, Quinine, Quinine." *W. H. Holcombe.*

"Quinine is the remedy *par excellence*." *A. Charge.*

**GENERAL MEASURES.** During the congestive chill, use free, hot foot-baths and mustard draughts to the extremities, to divert the circulation. If intense congestion of the head, use cold affusions—but do not use them *if face be pale*. If there be *great prostration*, profuse, cold perspiration, cold breath, *give stimulants*—feed the patient with brandy or whisky, mixed with finely-pounded ice. if there be great thirst.

"Remissions greatly promoted by free and frequent use of hot mustard foot-bath. Prostration and exhausting sweat demand stimulants." —*Falligant.*

## YELLOW FEVER.

**SYNONYM:** *Febris Icterodes.*

**PROGNOSIS.** *Favorable:* Free, copious urine, however dark or bilious it may be, most favorable of any single sign.

*Unfavorable:* Blood in the early vomit; black vomit; faltering articulation; suppression of urine.

## LEADING REMEDIES.

## FIRST STAGE.

**Camphor.** Initiatory chill, severe and long-lasting, with great coldness of skin and prostration. *Dose:* Drop doses of tincture every ten minutes.

**Aconite.** First stage, after reaction from chill; fever, burning heat, dry skin, full, hard and rapid pulse, violent thirst, red face, headache, restlessness, prostration and vomiting.

**Belladonna.** Cerebral congestion, headache, throbbing of carotids, face scarlet-red, shining and swollen, eyes red and sparkling, active delirium, pain in stomach, with nausea and vomiting.

"*Acon.* and *Bell.* are complements of each other in stage of fever and cerebro-spinal irritation, and I therefore use them in alternation, every half hour at first." *Holcombe.*

## SECOND STAGE.

**Bryonia.** After cerebro-spinal symptoms have subsided, and the gastric symptoms are prominent. Splitting headache, eyes red, sparkling, tongue yellow-coated, lips parched, dry and cracked, great irritability and vomiting.

**Argentum nit.** Vomiting of brownish mass, mixed with coffee-ground-like flakes.

"If the patient sinks, if the vomiting becomes worse, or with any of those various signs which indicate hæmorrhage from the gastric mucous membrane, *Arg. nit.* is the remedy." *Holcombe.*

## THIRD STAGE.

**Arsenicum.** Face yellowish and livid, eyes dull and sunken, nose pointed, lips and tongue brown or black, burning or stitching pain in epigastrium and region of liver, suppression of urine, oppression of chest, short anxious breathing, pulse small and tremulous, skin cold, cold clammy perspiration, rapid prostration, and vomiting of a brown, turbid matter, mixed with mucus, and sometimes stained with blood.

**Lachesis.** Delirium, slow, difficult speech, red face, tongue heavy, trembling, dry and brown; nausea, vomiting, irregular, weak pulse, urine almost black.

"When *Bell.* and *Acon.* produce no further amelioration, a change to *Ars.* and *Lach.* brings about the desired amendment." *Holcombe.*

**Crotalus.** Hæmorrhages from eyes, nose, mouth, stomach, and intestines—from all the orifices of the body, even to bloody sweat.

"Has proved of excellent service." *Neidhard.*

### SPECIAL REMEDIES.

**Sab., Sec.** Threatened Abortion.

**Hyos., Coff.** Nervous sleeplessness at night.

**Ant. tart.** Prolonged and incessant nausea.

**Verat. alb.** Vomiting and abdominal pains.

**Phos., Merc.** Resulting diarrhœa or dysentery.

**Ipec.** Continued nausea; vomiting of glairy mucus.

**Canth.** Cramps in abdominal muscles and legs, with frequent urging to urinate, or, suppression of urine.

"Scarcely ever fails to remove strangury and restore the renal secretion." *Holcombe.*

**GENERAL MEASURES.** Quarantine patient; use disinfectants; keep patient quiet, in horizontal posture; keep air fresh and pure; cool sponging of body when fever high.

**Diet.** Requires strict attention. *First stage*, milk and water, with lime-water added, black tea, with cream; ice-cream; bits of ice, to slake thirst, and allay vomiting. Later, give rice, milk, and arrowroot. During stage of prostration, beef-tea, wine-whey, *café-au-lait*. *Great caution* necessary, lest an error in diet excite a relapse.

## DISEASES OF RESPIRATORY ORGANS.

### CORYZA.

**SYNONYM:** *Nasal catarrh.*

**Camphor.** Incipient stage, *chill*. Drop doses, frequently repeated, often cut it short.

**Aconite.** Chilliness, followed by *feverishness*, as precursor of catarrhal fever.

**Euphrasia.** Acrid, fluent coryza, with scalding tears and aversion to light.

**Arsen. iod.** Abundant discharge of *thin, hot, excoriating* mucus from nose, with *burning* sensation; lassitude and prostration.

**Merc. iod.** Frequent *sneezing*, soreness of nose, discharge of *thick mucus*; great accumulation in posterior nares; salivation; sore throat; profuse perspiration.

**Hydrastis.** Thick, *tenacious* secretion from posterior

nares, constantly dropping into throat. Also, a spray, locally, of *Muriate of Hydrastis*.

**Kali bich.** Chronic coryza, with tough, stringy mucus, hoarseness, cough; yellow-coated tongue and gastric disturbance.

## OZÆNA.

**Aurum.** Discharge offensive; bones of nose sore; melancholia; mercurialization; syphilitic subjects.

**Nitric acid.** Syphilitic ozæna; also after drugging with large doses of *Mercury*.

**Kali bich.** Thick, tenacious, sometimes *bloody* discharge, and "plugs" of thick mucus.

**Pulsatilla.** Soreness of nostrils, with greenish discharge.

**GENERAL MEASURES.** Local applications, administered by means of atomizer, should be made to affected part. If discharge very offensive, use solution *Kali permang.*, grs. v. to oz. warm water; or *Carb. acid* gtts. v., *Iodine* gtts. vi., to oz. water. In severe cases of ozæna, ointment of red-precipitate (*Hydr.-præcip.-rub.*) may be applied directly to the sores, whenever they can be reached in the nasal cavity.

## EDEMA GLOTTIDIS.

**Apis mel.** Sudden œdema of glottis.

"Trust to *Apis*—it has cured it in its most fatal form." *Hughes*.

CONSULT—*Ars.*, *Sang.*, *Stram.*

**GENERAL MEASURES.** Scarify glottis with point of guarded bistoury; or, with finger-nail sharpened to a point. Inhalations of steam. *Tracheotomy*, if suffocation imminent.

## EPISTAXIS.

**Aconite.** Prolonged or violent bleeding in plethoric subjects, with fullness of cerebral vessels.

**Belladonna.** Congestion of head, blood bright and flowing freely. From being over-heated.

**Arnica.** From injury. Nose feels hot, blood red and liquid, hæmorrhage preceded by itching or tingling of nose.

**Carbo. veg.** Severe nose-bleed, several times daily for weeks, face pale before and after each attack. Aged persons, bleeding profuse and persistent.

**Nitric ac.** Disposition to nose-bleed; severe and frequent attacks.

**China.** Weakly persons who have lost much blood—ringing in ears, pale face.

**Bryonia.** Bleeding of nose when menses should appear.

**Hamamelis.** Passive flow, blood dark and liquid; hæmophilia.

**Ferrum. phos.** Epistaxis in old people.

**GENERAL MEASURES.** Raise the arms above the head. Apply cold water or ice to root of nose, or back of neck. Insert into the nostril plug of lint saturated with *Hamamelis*. Inject into nostril solution of *alum*. (See Part III.)

## HAY-FEVER.

**SYNONYMS:** *Hay Asthma; Rose Cold.*

**Arsenicum.** The leading remedy. Its persistent use has cured some cases.

**Sticta pulm.** "I have used it considerably, and with the very best results." *Dr. B. F. Bailey.*

**Ipecacuanha.** In conjunction with *Ars.*, especially when asthmatic symptoms prevail.

**Sabadilla.** Hay fever with violent sneezing and running of eyes and nose.

"I have cured a number of severe cases." *Bayes.*

**Quinine.** Use solution locally.

"With Binz's solution quinine as local application I have had very good results." *Hughes.*

**GENERAL MEASURES.** Change of climate assures immunity. Mackinac, and the shores of Lake Superior, the White Mountains, favorite resorts. Sea voyage also effectual. To stop violent paroxysms of sneezing, plug nostrils with cotton—not tight, but so that the air, in breathing, will filter through.

## INFLUENZA.

**Arsen. ied.** Chills, with flushes of heat; severe, fluent coryza, discharge irritating and corrosive; sneezing; puffiness of face; prostration.

"The specific remedy." *Hughes.*

**Aconite.** High fever, hot, dry skin, restlessness, dry, violent, racking cough, with stitches in chest.

**Mercurius.** Rheumatic pains in head, face, ears, teeth, and extremities; fluent coryza, with catarrh of throat and lungs, with violent, racking, unceasing cough; chill and heat, with profuse, non-alleviating sweat.

**Eupatorium perf.** Distressing backache and "bone-pains."

**Kali bi.** Troublesome cough, with coated tongue and loss of appetite.

**GENERAL MEASURES.** In severe cases, confinement to bed, with warm drinks, and a hot-bottle sweat will greatly aid. If cough severe, keep atmosphere of room moist.

## CROUP—CATARRHAL.

**SYNONYM:** *Acute Laryngitis.*

**Aconite.** Early in attack, short, dry, hard, metallic cough; hurried, labored breathing; hot, dry skin; thirst; restlessness.

This is the principal remedy for catarrhal croup.

**Spongia.** Rough, crowing, barking cough; loud, wheezing, *sawing* respiration; suffocative fits; inability to breathe, except with head thrown back.

With Aconite, sufficient in most cases.

**Hepar s.** Loose, *rattling*, choking cough. Air-passages seem to be clogged with mucus. After resolution has been initiated by Aconite and Spongia, so that the breathing has a *rattling* rather than a *sawing* sound.

**Kali bi.** The throat becomes filled with tough, tenacious mucus.

**Phosphorus.** Hoarseness after croup, with tendency to relapses.

**Ant tart.** Loose cough, much mucus on the lungs, with difficult expectoration.

**GENERAL MEASURES.** Hot fomentations to the throat, and hot foot-bath, up to the knees, often benefit. Give patient plenty of fresh air. Give *frequent* doses of indicated remedy.

## CROUP—PSEUDO-MEMBRANOUS.

**PROGNOSIS.** Grave. *Unfavorable:* Signs of carbonization of the blood—face becomes blue, hands cold and fingers blue under nails, with drowsiness and stupor. Pulse weak, small, irregular and frequent. Cold extremities.

### LEADING REMEDIES.

**Iodine.** Dry, short, barking cough, with wheezing, sawing respiration, imminent suffocation and extreme dyspnoea. **DOSE.** Teste uses a one per cent. solution, three drops every fifteen minutes.

"As soon as I am satisfied of the existence of true croup, I give Iodine, second dilution." *Dr. Elb.*

**Bromine.** Child gasping for air, rattling of mucus in windpipe when coughing, false membrane *extending to lungs*, great prostration.

"Constitutional prostration is the characteristic indication for the preference of Bromine—Iodine suits the more *sthenic* form."—*Hughes*.

**Kali bi.** Gradual onset, hoarse, dry, barking cough; tonsils and larynx red and swollen, with patches of pseudo-membrane; violent wheezing and rattling in trachea, membrane *thick and tenacious*.

"Has frequently cured membranous croup." *Hughes*.

### SPECIAL REMEDIES.

**Bell.** *Early*, as anti-pyretic, and to reduce the local capillary congestion. *Mitchell*.

**Arsen.** Great puffy swelling of throat and neck, putrid breath, rapid and extreme prostration.

**Phos.** Increased dyspnœa, agony and restlessness, hollow cough, the croupous process extended to bronchi, the lungs hyperæmic.

**Ant. tart.** Danger of asphyxia occasioned by movable patches of membrane, cough feeble and without resonance, mucous *râle* in trachea.

**Hep. s.** After the attack, a *rattling cough* remains.

**Phos.** *Dry cough* remaining after recovery.

**GENERAL MEASURES.** Give the patient an *abundance* of pure air. Keep temperature of room at 70° F., and atmosphere moist. Early in attack bits of ice are grateful to the patient. Give inhalations of the indicated remedy, *Iod.*, *Brom.*, *Kali bi.*, by means of the steam atomizer, in addition to its internal administration.

**Tracheotomy.** The percentage of recoveries following tracheotomy is such as to demand its trial in every critical case. The operation is called for *when there is considerable false membrane in the larynx, when respiration is so difficult that you see falling in of the sternum each time the patient breathes, and each supra-clavicular space deepens with every inspiration.* (For method of operating see Part III.)

**Diet.** Give nourishing food, liquid in form—broths, beef-tea, milk, eggs stirred in milk, wine-whey, egg-coffee; or, nutrient enemata.

### COUGH.

**Nitric ac.** Chronic, laryngeal cough, without expectoration, with stinging and smarting as of small ulcer in larynx—generally on left side.

"I have long used it with benefit in dry and violent laryngeal coughs." *Hughes*.

**Hepar s.** Irritating cough, with hoarseness, excited by



exposure to cold. Rattling of mucus in throat. Sensation as of a clot of mucus, or internal swelling, when swallowing.

**Phosphorus.** Dry cough, excited by tickling in the throat, with *hoarseness*. Phthisical cough, in those with weak lungs.

**Spongia.** Dry, hoarse cough, with pain in larynx, worse at night.

**Sulphur.** Dry cough, with hoarseness and dryness in throat, and tightness of chest. Or, loose cough, with expectoration of whitish or yellowish mucus.

**Kali bich.** Cough with tough, stringy expectoration, preceded by much wheezing, accompanied by difficult breathing, and followed by dizziness.

**Mercurius.** Chronic, moist cough, worse at night.

**Hyoseyamus.** Nervous, *dry*, spasmodic cough, worse at night, especially on lying down.

**Belladonna.** Short, dry, hollow, convulsive cough, worse at night, with tickling in throat, flushed face, headache and cerebral congestion.

**Bryonia.** *Hard, dry*, shaking cough, with pain in side, chest and head.

**GENERAL MEASURES.** Is a *symptom*, and the *cause* must be ascertained and removed. In simple cough, a cold compress about throat at night often relieves. Drink small quantities of cold water at frequent intervals. Gum-water, and demulcent drinks, when from simple irritation.

## WHOOPING COUGH.

**SYNONYM:** *Pertussis*.

### LEADING REMEDIES.

**Aconite.** Initiatory fever, with dry, hard, wheezing cough, burning pains, or dry itching in larynx.

"Indispensable for the fever." *Bœnninghausen*.

**Ipecac.** Violent, suffocative cough, the child becoming stiff and *blue* in the face, gagging and vomiting of mucus.

"One of our best remedies." *Bæhr*.

**Drosera.** Spasmodic stage, with frequent and excessively severe paroxysms of hoarse, loud cough, sometimes with bleeding from nose and mouth. Fever may be absent, or, fever intermixed with chills, accompanied by perspiration, and after the cough, vomiting of food or mucus. Dose: 1x or tincture. *Bayes*.

"Holds a prominent place among whooping-cough remedies." *Bœnninghausen*.

**Hydrocy. acid.** Spasmodic stage, *convulsions* and *suffocative* attacks.

"Exerts almost magical influence." *West*.

**Belladonna.** Sudden, violent paroxysms of cough, without expectoration, *worse at night*, with sore-throat, cerebral congestion, redness of eyes, epistaxis.

"Very useful remedy. Snitable only at the beginning, or, later, when there is cerebral congestion or fever." *Baenninghausen.*

**Carbolic acid.** Second stage. Cough dry, hard, spasmodic.

I have used the 2x with excellent effect.

**Corallium rub.** "A remedy of exceeding value in violent cases." *Carroll Dunham.*

**Cuprum.** Convulsions. "Has always succeeded with me." *Jousset.*

**Phosphorus.** Supervening broncho-pneumonia.

**Hepar s.** Croup prevailing at time of epidemic of whooping cough.

**GENERAL MEASURES.** In case of infants, watch them closely, and take them up if paroxysm of cough sets in. Wear warm clothing, and guard against chill. If attack severe, give plenty of nourishing food, to keep up strength.

## BRONCHITIS.

**Aconite.** *Early in attack*; chill and fever, dry, hot skin, restlessness and thirst, short hard tickling cough, with constant laryngeal irritation. To be of service Aconite must be given early; later it is of no use except as intercurrent if there be *continuous* fever.

"Should the inflammation have thoroughly established itself, we cannot expect Aconite alone to cure it." *Hughes.*

**Antimonium tart.** Great oppression and suffocative breathing, extensive mucous *rales*, great rattling of mucus with the cough, but nothing is raised. Also, symptoms of incipient carbonic-acid poisoning—sopor, delirium, pallor, bloated countenance; also, profuse sweat without relief, disposition to vomiting and diarrhoea, paroxysms of rattling cough, ending in vomiting. For *capillary bronchitis* of children, and *pneumonia notha* of the aged.

"Enjoys the largest sphere of action, and is pre-eminently characterized by a *profuse excretion of mucus which it is difficult to raise*, with or without fever." *Baehr.*

"The grand remedy for this dangerous disorder (suffocative catarrh of the aged). I have almost invariably relied upon it alone, and have seen desperate cases recover under its use." *Hughes.*

**Belladonna.** Dry, distressing, spasmodic cough, in short paroxysms, but very violent, especially towards evening; no expectoration, or yellowish, tenacious, scanty, blood-streaked. Respiration oppressed, irregular and hurried. Sensation of fullness in chest, with determination of blood to lungs. Useful only in first three or four days.

"Bronchitis setting in with violent fever; moderates the latter much more certainly than Aconite." *Baehr.*

**Mercurius.** Violent fever, temperature high; great perspiration, without relief; alternation of chills and heat, with great sensitiveness to changes of temperature. Tongue with thick, yellowish coating; diarrhœa. Feeling of dryness, roughness, and soreness down middle of chest. violent, wearing cough, especially in evening and until midnight, with tenacious, yellowish, sometimes blood-tinged expectoration, every paroxysm of cough preceded by anxious oppression and dyspnoea. Unquenchable longing for ice-cold drinks. Particularly adapted to children and robust adults—not so much for old people. Mucous membranes extensively involved—lungs, stomach, bowels.

**Bryonia.** Trachea and large bronchi affected. Dry cough, with stitches in the chest, short, labored respiration. With cough, determination of blood to head, turgescence of face. Ordinary “cold on the lungs.”

“Too extensive claims are made for Bryonia. Good where the catarrh invades the trachea and large bronchi—it is of little use beyond.” *Hughes.*

**Kali bi.** Burning pain in trachea, cough with expectoration of *tough mucus*, which can be drawn out in strings; tongue thickly coated, with loathing of food.

“*Bronchorrhœa*, with copious, purulent expectoration, give *Kali bi.*, by inhalation, two grains to four ounces of water.” *Meyhoffer.*

**Ipec.** Asthmatic breathing; much nausea and vomiting of mucus, rattling of mucus in bronchial tubes, face livid during cough. Loud mucus *rales*, with wheezing respiration. Severe gastric ailments and intestinal catarrh, pallid or bluish or bloated countenance. Principally adapted to bronchial catarrh of children.

**Hepar s.** Cough, with wheezing over whole chest, in severe paroxysms, with danger of suffocation. Expectoration of a yellowish, tenacious mucus. Croupous bronchitis.

**Verat. alb.** Failing strength, increased frequency and irregularity of pulse, coarse *rales*, secretion of copious quantities of mucus, which cannot be coughed up. Skin cold, with cold sweat.

**Arsenicum.** For aged people, with great debility; œdema of lungs.

**Phosphorus.** Complications—œdema of lungs or pneumonia.

**Rhus.** Typhoid symptoms and violent fever.

## CHRONIC BRONCHITIS.

With mucus expectoration.—Ant. tart., Kali bi.

With purulent expectoration.—Merc., Sil., Lyc., Calc., Sulph., Iod.

“No bronchial disease of long standing can be successfully treated without Sulphur or Lycopodium.” *Meyhoffer.*

**Sulphur.** Rheumatic or gouty subjects, or those of

scrofulous diathesis. Bronchorrhœa, with putrid expectoration.

"Curative in the most inveterate forms." *Meyhofer*.

**GENERAL MEASURES.** If patient suffering from extreme dyspnœa, hot fomentations to the chest afford prompt relief. Do not leave fomentation on to become cold—renew at frequent intervals.

**Diet.** In acute, with fever, diet as in other fevers. When profuse expectoration, nourishing, albuminous food. Demulcent drinks good—milk, gruel, barley-water.

## ASTHMA.

**Arsenicum.** Asthma with burning heat in chest, cold sweats, complicating heart disease, or following bronchitis. *The more the patient seems on the point of suffocating, the more painful and distressing his restlessness, the more wheezing and louder their respiration, the more Arsenicum will be found appropriate.* This is accompanied by livid countenance, cold sweat, frequent, small pulse, palpitation, distended abdomen.

"Arsenic sometimes exerts a magical effect." *Baehr*.

**Nux vom.** Tongue coated with thick, yellow fur, slight nausea, flatulence, constipation, disorders of digestion.

"The best curative medicine we have for simple spasmodic asthma, where there is no bronchial lesion." *Hughes*.

**Ipecac.** Attacks of suffocation, feeling of constriction in throat and chest, coldness, paleness, anxiety and sickness, rattling of mucus in bronchial tubes. Bronchitic asthma. Give frequent doses during paroxysm.

**Lobelia.** Purely nervous asthma; constrictive, suffocative sensation, vertigo, nausea, vomiting, sense of great emptiness in stomach.

**Aconite.** Dyspnœa, labored breathing, great fear and anxiety of mind, suffocative cough at night. Often relieves during paroxysm of spasmodic asthma, and bronchitic asthma from cold.

**Sambucus.** Violent dyspnœa, nightly suffocative attacks, with profuse perspiration. Especially useful in asthma of children.

**Grindelia.** Mucus asthma, tenacious sputa, nervous and cardiac asthma.

**Sulphur.** Gouty subjects, or those subject to skin-diseases.

**GENERAL MEASURES.** Let patient seek most comfortable position for himself, to favor respiratory effort. Keep atmosphere of room *moist*. To relieve paroxysm: A cup of very strong *coffee*; drop doses tincture *Ipec*; inha-

lation of *Nitrite of Amyl*, of *Chloroform* or *Ether*; inhalations of the smoke of burning *Stramonium* leaves, made up into cigarette, or in a pipe—twenty grains of the leaves, or ten grains of the dried root. Soak blotting-paper in a strong solution of *Potassic Nitrate* (saltpetre), and dry it thoroughly. Burn this, and let the patient inhale the fumes.

**Diet.** Important. Asthmatics are generally dyspeptic, and much can be accomplished by attention to stomach. Never overload stomach. Do not eat hearty meal late in the day. Let the diet be nourishing, but plain, wholesome, and easy of digestion. Use no coffee.

## PNEUMONITIS.

**SYNONYM:** *Lung-fever.*

**PROGNOSIS.** *Favorable:* Acute; uncomplicated; previously healthy subjects; one lung. *Unfavorable:* Extremes of life; complication with Bright's, heart, pregnancy, etc.; pulse over 150; delirium after first week; collateral œdema; gangrene; both lungs.

**CAUSES OF DEATH.** Collateral œdema; heart-failure and heart-clot; asphyxia; asthenia.

## LEADING REMEDIES.

**Aconite.** Initiatory chill and fever. Stage of congestion. Of no use after hepatization, and *Verat. v.* is often superior to it in first stage.

**Veratrum vir.** Stage of congestion; *full, hard, bounding* pulse, rusty expectoration, great oppression of chest; delirium.

"I have seen the happiest effects when the attack came with a *severe, long-lasting* chill." *J. P. Dake.*

**Bryonia.** Moderate fever; severe, shooting, cutting pains in chest; painful cough, with scanty expectoration of tough, rust-colored mucus. Stage of restlessness has passed, patient quiet and exhausted; tongue covered with thick, white fur, stomach inactive. liver engorged. Rheumatic pains in chest muscles.

"The most essential remedy in second stage." *Bachr.*

**Phosphorus.** Stage of hepatization. Pain not very severe — vaguely localized stitches. Great weight and oppression of chest, marked embarrassment of respiration, cough with bloody, muco-sanguinolent, or sanguineo-purulent, difficult expectoration. Very useful in *severe* cases, asthenic pneumonia, and "typhoid pneumonia." *Collateral œdema.*

"Our sheet-anchor in pneumonia." *Hirschel.*

**Antimonium tart.** Commencing resolution. Increased frequency of pulse, great anxiety and restlessness, copious, cool perspiration, pallid countenance, suffocative spells, *great dyspnoea*, loose, rattling cough, as if much would be expectorated, but nothing comes. Impending paralysis of lungs. Collateral œdema.

"One of the most important remedies when pneumonia deviates from its normal course." *Baehr*.

**Sulphur.** After defervescence, to promote resolution; tedious course.

"A deficiency of reaction, and a simultaneous absence of such symptoms as point to a destruction of the organic powers, constitute the best indications for this remedy." *Baehr*.

### SPECIAL REMEDIES.

**Chel.** Liver complication.

**Sang.** Suppuration; hectic fever.

**Lyc.** Chronic pneumonia, with hectic.

**Ac. nit.** In aged, or of feeble constitution.

**Merc.** Broncho-pneumonia; profuse sweats.

**Hep. s., Sil.** Purulent infiltration. Abscess.

**Bell.** Cerebral congestion, delirium, convulsions.

**Rhus.** Typhoid character; "prune-juice" sputum.

**GENERAL MEASURES.** Keep patient in large, well-ventilated room. Abundance of pure air important. Patient should be propped up in bed, in a raised posture. Large, thin poultice to chest. Give mucilaginous drinks, and nourishing food.

### CONGESTION OF THE LUNGS.

**Aconite.** In plethoric subjects, with short, anxious breathing, pulse quick and hard, burning, pressing pains, in chest.

"The main remedy." *Baehr*.

"All-sufficient when case taken early." *Hughes*.

**Verat. vir.** Great arterial excitement, faint feeling in stomach, nausea, heart's beat loud and strong, pulse full and hard.

"Has often cured." *Hempel*.

**Cactus.** Congestion of lungs dependent on cardiac affection, with oppression of respiration, acute pains, feeble voice, feeling of constriction.

I have used this remedy with excellent effect.

**Phosphorus.** Feeling of great weight on chest.

"When turgescence so great as to allow œdema to occur." *Hughes*.

### ŒDEMA OF THE LUNGS.

**Phosphorus.** Acute pulmonary œdema in connection

with pneumonia, or other diseases of the respiratory organs.

"This remedy sometimes has a brilliant effect." *Kafka*.

"It is possessed of extraordinary powers against œdema." *Bæhr*.

**Antimonium tart.** Cyanosis, audible rattling, great dyspnœa, coarse rales, the bronchial tubes containing a great quantity of mucus, the patient in constant danger of suffocation. (Edema of lungs occurring in course of general dropsy.

"I have more than once seen the œdema subside entirely under the use of this medicine." *Hughes*.

**Arsenicum.** Supervening on anasarca; great debility and prostration.

**Ammon. carb.** Give on first signs of drowsiness, and carbonic-acid poisoning.

## HÆMOPTYSIS.

### DIFFERENTIAL DIAGNOSIS.

	HÆMOPTYSIS.	HÆMATEMESIS.
Blood - -	Bright red -	Dark.
Blood - -	Coughed up -	Vomited.
Blood - -	Frothy - -	Fluid.
Mixed with -	Sputum - -	Food.
Preceded by -	Dyspnœa -	Stomach distress.
Stools contain	No blood - -	Blood.
Respiration -	Rales in lungs	Lungs clear.

### LEADING REMEDIES.

**Aconite.** Blood red, frothy; incessant cough, hot chest, anguish, red face. Dose: "Low dilutions, repeated very often." *Jousset*.

"Indispensable in sthenic cases." *Hughes*.

**Hamamelis.** Profuse hæmorrhage of venous blood, coming into mouth without effort, like a warm current.

"When blood is black, a precious remedy." *Jousset*.

"When flow is passive, from venous hæmorrhage, a reliable remedy." *Hughes*.

**Arnica.** Abundant, blackish blood, with clots, after injury or bodily exertion.

"Especially useful when with heart-disease or traumatism." *Jousset*.

**Ipec.** Copious bleeding, preceded by sensation of bubbling in chest. Cough, with spitting of blood, occasioned by least effort. With cough, tickling behind sternum.

"Holds high rank." *Hughes*.

**Millefolium.** Blood red, frothy, ejected without much coughing.

"Almost always justifies the indications." *Hughes*.

**Verat. vir.** From congestion of lungs, with full, hard, bounding pulse.

**Cactus.** Marked arterial excitement; hæmorrhages. from *over-action* of the heart.

"Hæmoptysis with heart-disease." *Rauc.*

**Digitalis.** From *obstruction* of pulmonary circulation in consequence of heart-disease and tuberculosis.

**Phos.** *Tight feeling in chest, with dry, tight cough*, followed by hæmorrhage.

"Inflammatory symptoms supervening on an attack of hæmoptysis." *Hughes.*

"The principal remedy when hæmoptysis with dangerous cases of fever." *Jousset.*

**GENERAL MEASURES.** Recumbent posture, head and shoulders elevated—airy room. Bits of ice in mouth.

## PLEURITIS.

**PROGNOSIS.** *Favorable:* In young and healthy; effusion scanty; early absorption. *Unfavorable:* In cachectic; double-sided; persistent high fever; rapid increase of effusion, or return after having once subsided; complication with phthisis.

**CAUSES OF DEATH.** Collateral œdema of lungs; perforation of diaphragm, and peritonitis; perforation of lung. with pneumo-thorax; hectic; pneumonia; syncope from dislocation of heart.

## LEADING REMEDIES.

**Aconite.** Chill and initiatory fever. Great thirst, quick and rapid pulse, hot, dry skin, red face, shortness of breath, great nervous excitability, piercing, stitching pains in chest with dry cough.

"In simple, acute pleurisy, the sufficient medicine." *Hughes.*

**Bryonia.** Acute, stitching pains in side, greatly aggravated by breathing or movement; labored, short, anxious and rapid breathing, performed almost altogether by abdominal muscles.

"The sovereign remedy when the inflammation has advanced to the stage of serous effusion." *Trinks.*

**Arsenicum.** Great dyspnœa, with but little pain. Second stage, patient much prostrated, weak and cachectic.

"It will accomplish more than any other remedy in the stage of effusion." *Mitchell.*

## SPECIAL REMEDIES.

**Apis.** Resorption of effusion.

**Ant. t., Phos.** Pleuro-pneumonia.

**Arn.** From over-exertion or a blow.



- Iod.** In scrofulous subjects, replaces *Bry*.  
**Sulph.** Plastic exudation, slow to disappear.  
**Merc.** Exudation inclines to become purulent.

**GENERAL MEASURES.** Absolute rest important. Poultices large, hot, and frequently renewed. *Thoracentesis* called for if amount of effusion great, great dyspnœa, and imminent danger from suffocation: effusion liable to return if done before fever subsides. Use aspirator, needle anointed with oil—no preliminary incision; introduce near axillary line, *fifth* intercostal space on *left* side, *fourth* on *right*, near upper edge of rib: patient recumbent; evacuate slowly; admit no air.

**Diet.** As in fevers generally. Sustaining diet if much suppuration.

## EFFUSION IN PLEURAL CAVITY.

**Apis.** Oppression very great, inability to lie down, absence of thirst, dark and scanty urine. From recent inflammation, and after scarlet-fever.

"Absence of thirst and suddenness of œdema reliable indications." *Hempel*.

**Sulphur.** "Unabsorbed pleuritic effusion, and that which comes on insidiously. I have frequently cured with the continued use of the tincture of Sulphur, three or four doses a day at first, but, as improvement continues, one or two doses a day." *Dr. Cate*.

## HYDROTHORAX.

**Arsenicum.** Severe dyspnœa. Suffocative attacks, especially at night. Patient cachectic, face bloated, small pulse. Idiopathic cases.

**Digitalis.** Secondary to cardiac affection. Face pale or bluish, pulse slow and intermittent, urine scanty.

"*Digitalis* the remedy in cardiac dropsy." *Hale*.

**Apocynum.** When amount of effusion very great. Main treatment to be directed to primary disease, on which the dropsy depends.

## PLEURODYNIA.

**Aconite.** Rheumatic pleurodynia, recent attack, with fever.

**Bryonia.** Sharp, stitching pains, with rheumatic tendency.

**Arnica.** Myalgic pleurodynia, with stitching pains; "spurious pleurisy." *Hughes*.

**Actea rac.** Neuralgic pleurodynia, with deranged uterine function. "Is specific." *Hughes.*

**Ranunculus.** Idiopathic intercostal neuralgia in anæmic or debilitated subjects.

**Nux vom.** Hæmorrhoidal subjects; patient cannot lie on affected side. *Jousset.*

## DISEASES OF CIRCULATORY SYSTEM.

### HEART.

#### PERICARDITIS—ENDOCARDITIS—MYOCARDITIS.

**DIAGNOSIS.**—*Pericarditis.* Friction-sound synchronous with heart-beat, until effusion, when there is increased area of cardiac dulness and displacement of apex-beat. Rarely idiopathic; generally occurs as complication of rheumatic fever, pleurisy, pneumonia, albuminuria or septicæmia.

*Endocarditis.* Systolic, ventricular, valvular murmur, of recent origin, associated with a condition which would be apt to excite this affection. Seldom idiopathic—generally associated with acute rheumatism.

*Myocarditis.* No characteristic signs—always accompanied by peri- or endo-carditis.

**CAUSE OF DEATH.** Cardiac palsy—the pulse becomes small and irregular, pulmonary veins engorged, and death from asphyxia consequent upon œdema of lungs.

#### LEADING REMEDIES.

**Aconite.** Acute, stitching pain in præcordium; difficult breathing, with suffocative feeling; feeling of tightness about heart; intermission of beats, or tumultuous palpitation felt over large area, with irregular action and volume of pulse. *Great anxiety and tossing about.*

*Aconite* finds its true sphere in cardiac inflammation, whether or not there be high fever. Useful not only at beginning, but sometimes throughout entire course of the disease.

**Spigelia.** Severe shooting or stabbing pains, distressing oppression of chest, the least motion almost producing suffocation; *violent palpitation*, so severe that the walls of the chest are raised.

An important remedy in rheumatic endocarditis *Pain and violent action of heart* highly characteristic.

**Digitalis.** Pericarditis coming on insidiously; friction-sound of short duration; serous effusion, distressed breath-

ing. syncope, palpitation, intermittent, feeble pulse, not synchronous with heart-beats; livid, turgescient face, with blue lips. Hyperæmia of liver; great anxiety, without any continual restlessness.

"An excellent remedy in acute affections of heart, more particularly pericarditis. If more frequently used in acute heart-affections, would be less frequently called upon to use it in chronic heart-disease," *Bæhr*.

**Bryonia.** Pericarditis as complication of rheumatism, pleurisy or pneumonia. Commencing effusion, sharp, stitching pains in præcordium.

"For *idiopathic* pericarditis, we have much better remedies," *Bæhr*.

**Arsenicum.** Pericardial effusion, violent palpitation, rapid pulse, intense thirst, burning pain, anxiety, faintness, extreme restlessness, suffocative attacks, coldness of surface, great anguish and apprehension of death.

**Cactus.** Sharp, pricking pain in heart, or sense of *constriction*; oppressed breathing, dry cough; pulse quick, throbbing, tense and hard. Great palpitation.

**Lachesis.** Cramp-like pain, anxiety about the heart, suffocation on lying down, oppression on lying down, hands and feet cold, pulse intermittent.

"A good remedy in endocarditis," *Bæhr*.

**Verat. vir.** Strong, loud beat of heart, with quick pulse and difficult breathing.

**Verat. alb.** Cold sweat, Hippocratic countenance, signs of collapse.

**Naja, Aconite, Iodine.** After an attack of endocarditis, to complete a cure and prevent valvular disease.

**Valvular Disease.** *Arsenicum, Plumbum.*

**Dilatation.** *Digitalis, Physostigma, Tabacum.*

**Cardiac Dropsy.** *Digitalis, Spigelia, Arsenicum.*

**Fatty Degeneration.** *Phosphorus, Arsenicum, Arnica* (to relieve dyspnœa in fatty heart).

**Hypertrophy.** *Aconite, Cactus, Naja, Spigelia, Arnica* (after training, rowing, and violent muscular exercise).

### PALPITATION:

**Cactus.** When due to plethora.

**Coff., Nux.** Nervous palpitation.

**China.** Due to excessive tea-drinking.

**Tabacum.** Palpitation with fainting attacks.

**Moschus.** To be given at the time of an acute attack.

**GENERAL MEASURES.** In acute inflammatory, *rest*, and hot poultices over region of heart. In chronic organic disease, avoid running, climbing, all over-exertion and mental excitement, and hearty meals.

## ANGINA PECTORIS.

## LEADING REMEDIES.

**Arsenicum.** Extreme dyspnœa. increased by slightest motion; debility, pale and haggard face, feeble and irregular pulse, fear of immediate death.

This remedy is chiefly useful given in the *intervals* of the attacks, as a curative, or preventive, if the case is one of *pure neurosis*. DOSE:—Higher attenuations recommended.

"No remedy can be more certainly relied upon than *Arsenic*," *Hartmann*.

**Spigelia.** Severe stabbing stitches in heart at every beat; *violent palpitation*, tendency to syncope. DOSE:—Begin with third, give higher or lower according to susceptibility of patient.

"This is the principal medicine for *angina pectoris*; it corresponds to the anguishing, sub-sternal pain, radiating to the neck and arms, irregularity of pulse; tendency to syncope; palpitation; aggravation by the least movement," *Jousset*.

**Digitalis.** Cases in an advanced stage, recurring frequently and suddenly. DOSE:—Bæhr recommends *Digitalin*, 2d and 3d triturations.

**Hydrocyanic acid.** *Violent palpitation*, long fainting-spells, feeling of suffocation. with torturing pains in chest. irregular, feeble beating of heart. Recent cases.

## SPECIAL REMEDIES.

**Glonoïn.** Pale face in paroxysm.

**Cuprum.** Muscular. of long standing.

**Acon.** Recent cases, plethoric subjects.

**Cactus.** Constrictive pain; rheumatism.

**Nux v.** Gouty or hæmorrhoidal subjects.

**Verat. alb.** Cold extremities, cramps, cold sweat.

**GENERAL MEASURES.** At the time of an attack, place patient in comfortable position, with plenty of fresh air; loosen clothing, apply large, hot fomentations over region of heart. and warmth to extremities. Give inhalations of *Nitrite of Amyl*. Put ten drops on a bit of cotton in a drachm vial—keep corked when not in use. Give frequent teaspoonful doses of brandy.

Those who are subject to attacks of *angina pectoris* should observe a regular, *quiet* mode of life. avoiding all *excitement* or over-exertion, errors of *diet*, overloading the stomach, or anything which may *excite the heart's action*. *The use of tobacco must be strictly prohibited.*

## DISEASES OF THE DIGESTIVE TRACT.

## STOMATITIS.

**Mercurius.** Swollen glands and abundant salivation.

**Hydrastis.** Yellow-coated tongue, viscid secretions.

**Acid nit.** When accompanied by derangement of liver and portal congestion. *Also*, when of mercurial origin.

**Kali chlor.** *Mercurial stomatitis.* Breath fetid, with ulcers on mucous surfaces.

**GENERAL MEASURES.** Use gargle of *Kali chlor.*, grs. viii. to  $\frac{3}{4}$  water.

## PAROTITIS.

**SYNONYM:** *Mumps.*

**Aconite.** Fever, hot, dry skin, furred tongue.

**Merc. iod.** The gland swollen, red and painful; jaws stiff.

**Rhus.** Swelling becomes dark-red and erysipelatous.

**Pulsatilla.** Metastasis to breasts, or to testicles.

**Belladonna.** Sudden disappearance of swelling, with loss of consciousness or delirium.

**GENERAL MEASURES.** Keep child in warm room. In metastasis to mammæ or testicles, use *Belladonna ointment*, one grain to the ounce.

## CANCERUM ORIS.

**SYNONYM:** *Noma.*

**Arsenicum.** Extensive disorganization, and great prostration.

“Has no rival.” *Hughes.*

**CONSULT—***Merc., Lach.*

**GENERAL MEASURES.** Apply locally *Subnitrate of Bismuth*, sufficient to cover well the diseased parts. This has been used with great success.

## TONSILLITIS.

**SYNONYM:** *Quinsy.*

**Aconite.** High fever, headache, restlessness; stinging, pricking fullness, or feeling of choking; throat looks as if scorched.

**Belladonna.** Bright redness and rawness of throat; flushed face, glistening eyes, headache, pain on swallowing.

**Merc. bin.** Throat swollen; copious secretion of saliva, swelling of gums and tongue, fetid breath, ulcers in mouth, profuse perspiration and nightly exacerbation.

Will often avert suppuration.

**Gelsemium.** Initiatory fever; aching in all the limbs; great muscular weakness.

**Kali bi.** Secretion of much viscid mucus.

I have cured several cases of recurrent quinsy with *Kali bi.* and *Gelsemium*.

**Baryta carb.** Sensation as of a plug in the throat; raw, scraping, or shooting pain on swallowing.

"If you begin the treatment early with this remedy, suppuration need hardly ever occur." *Hughes*.

**Hepar s.** Tonsils much swollen, with throbbing pain. This remedy should be given as soon as there are signs of commencing suppuration.

**Apis.** Dryness of mouth and throat; much œdematous swelling.

**Amm. mur.** Putrid discharge and tendency to gangrenous ulceration.

**Sil.** Abscess slow to heal; scrofulous subjects.

**Lach.** Left side, with hyperæsthesia of throat.

**Ars.** Great prostration; throat putrid and gangrenous.

**GENERAL MEASURES.** Early, bits of ice in mouth. Later, inhalations of steam give great relief. Lance as soon as pus has formed, with guarded bistoury.

## GASTRIC CATARRH—ACUTE AND SUB-ACUTE.

**Arsenicum.** Burning distress in stomach, intense thirst, violent vomiting, with excessive pain, anguish and restlessness,—vomiting immediately after drinking, great prostration. quick, small pulse. Also in late stage, extremities cold, pulse small, features sunken, hiccough, extreme debility. **DOSE:**—Do not give too low—6th to 12th.

"The principal remedy—hardly any other needed." *Hughes*.

**Cantharis.** Violent pains in stomach, the patient tossing about in agony. *Severe burning in stomach*, vomiting, with violent retching and burning thirst. Urine scanty, burning—constant desire, passing few drops at a time.

**Phosphorus.** Vomiting of blood, mingled with bile or mucus; great fullness of stomach, with painfulness to pressure and cutting pains. Vomiting of water as soon as it becomes warm in the stomach.

**Mercurius.** Pasty coating on tongue, extremely violent thirst. much saliva collects in mouth, bitter, sour vomiting.

**Iris.** Great burning and distress in epigastrium, vomiting, with great prostration, burning in mouth, fauces and œsophagus, headache.

"Eminently adapted to many forms of mucous gastritis." *Hughes.*

**Aconite.** Simple gastritis, from cold; distention, with burning, throbbing pains. Attack preceded by chill when *muscular coat* of stomach involved. Dose:—"Tincture."—*Hempel.*

**Verat. alb.** Hippocratic countenance, eyes sunken and glazed, lips blue, extremities cold and covered with clammy sweat, almost imperceptible pulse. Intense thirst for cold drinks.

**Ant. cr.** Great nausea, paroxysms of clawing, pressing pain, loathing of food, tormenting thirst, tongue with thick, white coating.

"One of the chief remedies for gastric catarrh without fever." *Baehr.*

**Ipec.** Feeling of emptiness, with pinching pains and bloating, insipid, bitter, rancid taste, vomiting of ingesta, bile and mucus, and persistent nausea. Brought on by eating sour or fat food.

**Bryonia.** Stomach bloated, exceedingly sensitive; nausea, with feeling of coldness and chills, and faintness on sitting up.

**Puls.** Brought on by eating fats, fruits, ices or acid food; chilly creepings, sensation as of a mass of undigested food in stomach, greasy, rancid, bitter taste, tongue thickly coated, *absence* of thirst.

**Nux v.** After abuse of drugs, stimulants or condiments. Bitter or sour taste, sour belching, fullness and pressure in stomach, continued frontal headache, especially in morning. Not much pain.

## GASTRIC CATARRH—CHRONIC.

**REMEDIES:**—*Sulph., Lyc., Nux v., China, Bismuth, Puls.*

**Vomiting.** *Ipec., Kreas.*

**Heartburn.** *Puls., Caps.*

**Waterbrash.** *Lyc., Nux v.*

**Acidity.** *Calc. c., Phos., Sulph. ac.*

**Flatulence.** *Carbo v., Lyc., Arg. nitr.*

**Gastralgia.** *Nux v., Bismuth, Cocc., Hydr. ac., Ars.*

**GENERAL MEASURES.** *Acute.* During height of attack, *no food whatever.* Give bits of ice to slake thirst. If attack protracted, and it become necessary to nourish patient, use nutrient enemata. As improvement progresses, feed *cautiously.* First, ice-cream, iced-milk with lime-water. Then, *starchy* foods only—arrow-root, rice, barley-

water, gruels. Later, broths. No solid food until recovery is complete. *Chronic.* Care in diet, as in dyspepsia. Avoid tea and coffee, puddings, sauces, stimulants, fresh bread. *Eat slowly and masticate thoroughly.* Butter-milk is excellent. A milk diet often curative.

Wear warm clothing, and take salt-water sponge-baths to excite activity of skin.

Drinking water *as hot as can be taken*, often relieves distress, and stops nausea and vomiting.

## GASTRIC ULCER.

**DANGERS.** Perforation of wall of stomach. Hæmorrhage from rupture of vessel.

### LEADING REMEDIES.

**Arsenicum.** Constant thirst. Distention, pressure or cutting in epigastrium. Nausea, fainting, waterbrash, vomiting thick, glairy mucus, or a brownish, blackish fluid. Burning in stomach, with great pain on pressure.

"When ulcer at pyloric end." *Hughes.*

"Deserves to be classed in foremost rank." *Baehr.*

**Argentum nit.** Violent gnawing, griping and burning; painful swelling of stomach, with *violent belchings.*

**Kreasote.** Vomiting, with heat and burning in stomach and bowels; foul and sanious matter vomited, indicative of disorganization of mucous membrane.

**Cantharis.** Severe burning pains in stomach, burning thirst, vomiting, with violent retching.

**Kali bi.** Yellow-coated tongue, nausea, foul taste and faintness. Giddiness, followed by violent vomiting of a white, mucous, acid fluid, with pressure and burning in stomach. Vomiting of sour, undigested food, of glairy fluid, of blood.

"Ulceration near cardiac end." *Hughes.*

**Hydrastis.** Sour eructations; dull aching, causing a weak, faint, gone feeling; cutting pains, with oppression and sense of weight; acute, distressing pain, with nausea, acidity and loss of appetite.

### SPECIAL REMEDIES.

**Atropine.** "No medicine better to subdue the frightful cardialgic pain of ulcer of the stomach." *Baehr.*

**Ipec., Ham., Kreas.** For hæmorrhage.

**Opium.** Perforation. "The only favorable recorded terminations to this event are those in which the opiate treatment was pursued." *Dr. Wilson Fox.*



**GENERAL MEASURES.** Complete cure possible in all recent cases. During severity of disease, *absolute rest*, confinement to bed, maintain *warmth* of body.

**Diet.** In *severe* cases, give *stomach absolute rest*—nourish by nutrient enemata—beef-tea and milk, or nutrient suppositories. This treatment continued thirty days will *cure* the most obstinate case. Return to solid diet gradually—*milk only* at first—then broths and gruels, and soft food. No sugar allowed.

In other cases, milk-diet will accomplish desired result. Add lime-water, and a little boiled arrow-root to the milk. During the course of treatment let patient drink occasionally a tea-cup of *weak* dilution of *Calendula*.

**Perforation.** Usually follows a *hearty meal*. Order *absolute repose*. Give Opium, to prevent movements of stomach. Continue opium treatment many days.

**Hæmorrhage.** Rest, ice, and the indicated medicine.

## HÆMATEMESIS.

### DIFFERENTIAL DIAGNOSIS.

	HÆMATEMESIS.	HÆMOPTYSIS.
Blood - -	Dark - -	Bright red.
Blood - -	Vomited - -	Coughed up.
Blood - -	Fluid - -	Frothy.
Blood mixed with	Food - -	Sputum.
Preceded by -	Nausea -	Chest-pain.
Preceded by -	Stomach distress	Dyspnœa.
Stools contain	Blood - -	No blood.
Respiration -	Clear - -	Rales in lungs.

**Ipec.** Sudden attack, with great paleness of face and nausea. Vomiting of blood, or pitch-like substance. Indescribable sick feeling in stomach. Pulse scarcely perceptible. Fainting.

"Has long-established reputation and deserves the preference." *Hughes*.

"There is no more efficacious remedy." *Bachr*.

**Hamamelis.** Thin, dark blood. Fullness and gurgling in abdomen. Blood in vomit and stools.

"A number of excellent cures have been reported." *Hempel*.

**Arnica.** From mechanical injury or over-exertion. Vomiting of dark coagula. Soreness as if from bruise.

**Aconite.** Excruciating pains in stomach, gagging, retching, gasping for breath; distressed face, anguish, cold sweat on forehead. With great vascular excitement, pulse full, bounding and rapid.

**Arsenicum.** Extreme palpitation, anguish, violent thirst, small, quick pulse, chilliness.

**Belladonna.** Congestion of head and stomach, singing

in ears, flickering before eyes, red cheeks, feeling of fullness and warmth in stomach.

**China.** For secondary symptoms, after all bleeding has ceased.

**GENERAL MEASURES.** Command absolute rest in horizontal position; loosen clothing, and keep patient quiet and free from excitement. Room cool and airy. Let patient swallow small bits of ice, or, in its absence, take frequent sips of cold water. Cold applications over stomach harmful; mustard-plaster better. Following the attack, keep stomach at rest, nourish by enemata. The first food must be *cool*, and *liquid*. No solid food until *every trace of pulsation* in epigastrium has ceased. Fainting need not alarm—bleeding stops, if patient faint. Give medicine at frequent intervals.

## SICK-HEADACHE.

**SYNONYM:** *Gastric Headache; Bilious Headache.*

**Iris.** Sick-headache, beginning with *blur* before the eyes, followed by nausea and vomiting. Dull, heavy, frontal headache, with continuous nausea, and vomiting of mucus and bile.

In "sick-headache" this is a most reliable remedy. Give the mother-tincture, ten drops in a half-glass of water, a teaspoonful at frequent intervals—every ten minutes. Your patient should experience relief in twenty or thirty minutes.

**Ipec.** Headache as if brain and skull were bruised, even to root of tongue. Intense and constant nausea.

**Nux v.** Sick-headache brought on by wine, coffee, close mental application, sedentary habits; begins in morning, increases through the day, with dimness of vision, sour, bitter vomiting, constipation, worse from noise, light, after eating.

**Podoph.** Bilious headache, beginning with blur before the eyes, darting pains in forehead, or, stunning headache through temples, giddiness, flushed face, heartburn, nausea, bilious vomiting, and diarrhœa.

**Chelidonium.** In bilious temperaments, darting, tearing, throbbing pains in forehead and temples, with heaviness and coldness in occiput, accompanied by vertigo, anxiety, melancholia, nausea, and bilious vomiting.

"When clearly of hepatic origin." *Hughes.*

**Bryonia.** Head aches as if it would split, made worse by stooping or motion. Gets sick and faint on sitting up. *Sour, bitter vomiting.*

**Verat. alb.** Severe bilious vomiting, distressing headache, faintness from violence of attack.

**Hep. s.** "A valuable remedy in chronic cases." *Laurie.*

**Naja.** Temporo-frontal; dull pain.

"A very valuable remedy." *Holcombe.*

## HEADACHES OF FEMALES.

**Sepia.** Disorders of sexual function; irregular, scanty menses, leucorrhœa. dark rings under eyes.

**Platina.** Plethoric, animated and sensitive subjects; dark hair, rigid fibre; menses profuse, accompanied by colicky pains.

**Ignatia.** Hysterical subjects. with disposition to convulsions. Headache periodical—passes off with flow of pale, limpid urine. Feeling as if nail were being driven into head.

**Cocculus.** Reflex uterine headache. Menstrual colic, dull headache, with vertigo and nausea.

**Actea.** Hysterical and menstrual headache; pain extends to eye-balls, attended by faintness, and "sinking" at pit of stomach.

## DIARRHŒA—ACUTE.

### LEADING REMEDIES.

**Aeonite.** After checked perspiration. after cold or damp. Frequent, scanty, loose, green stools, with tenesmus, fever, and restlessness.

**Aloes.** Pain and rumbling in the bowels before stool. Escape of great quantities of flatus with stool. Constant urging to stool. Stool involuntary, with escape of flatus—stool seems to pass without exertion—after stool sensation as if more in rectum.

**Antimonium.** Stools watery and profuse, with disordered stomach and white-coated tongue. Alternate constipation and diarrhœa.

"The gastric symptoms predominate." *Bell.*

**Arsenicum.** Watery, mucous, or bloody discharge. Great weakness. faintness and rapid exhaustion. thirst and restlessness. Burning in rectum, emaciation, pallor, sunken cheeks. Stools watery, *fetid*, painless.

**Apis mei.** Stools greenish, yellowish, slimy mucus, or yellow watery. Tongue dry and slimy, little or no thirst. Hands blue and cold.

"The absence of thirst, existing with a dry tongue, and dry, hot skin, are characteristic." *Bell.*

**Bryonia.** Diarrhœa in *hot weather*, stools brown, thin, fecal, or containing undigested matter. Aggravation in morning as soon as he moves.

**Calc. carb.** Scrofulous subjects. Distended abdomen, with emaciation. whitish or watery stools. Chronic diarrhœa. with chalk-like stools.

"The stools are of less importance than the person." *Bell.*

**China.** Frequent, watery stools, containing undigested matter, with pinching colic, occurring especially at night.

**Croton.** Yellow, watery, or greenish-yellow stools, expelled with great force.

"The three highly characteristic symptoms of yellow, watery stool, sudden expulsion and aggravation from food and drink, form a trio whose presence will make success certain and brilliant." *Bell.*

**Dulcamara.** Stools yellowish, greenish, watery, with colic. From "taking cold" in cold, damp weather.

**Gummi. gntt.** Yellow or green stools, mixed with mucus, preceded by excessive cutting about umbilicus.

"One of the most important remedies in the treatment of diarrhœa, acute and chronic." *Bell.*

**Ipec.** Stools as if fermented, green, with nausea and colic. Frequent stools of greenish mucus.

"The continuous nausea is the most constant distinctive symptom of *Ipec.*" *Bell.*

**Iris.** Bilious stools and bilious vomiting, in hot weather, with much exhaustion and debility.

**Mere.** Stools slimy, brownish, whitish-gray, acrid and burning. Cutting, pinching pain in abdomen, with chilliness. Bilious stool, preceded by colic, followed by tenesmus.

**Phos. ac.** Diarrhœa not debilitating, though of long continuance. Involuntary, with emission of flatus. Stool thin, whitish-gray.

"One of the most prominent remedies for white, watery diarrhœa, acute or chronic." *Bell.*

**Podoph.** Early morning diarrhœa, stool frequent, painless, yellow liquid, with meal-like sediment.

**Sulphur.** Diarrhœa some hours after midnight, or driving patient out of bed early in the morning. Stools pappy, greenish-yellow, fetid, slimy.

"Very wide range of action. Early morning diarrhœa very characteristic." *Bell.*

**Verat. alb.** Diarrhœa, violent, painful, copious, with profuse perspiration. Stools watery, sudden, involuntary.

"A remedy of great value and very often required. It is useless in painless cases." *Bell.*

**CHRONIC DIARRHŒA.** *Ars., Calc. c., China, Ferr., Gum. g., Hep. s., Lyc., Phos., Phos. ac., Podo., Sulph.*

**GENERAL MEASURES.** Those who are subject to diarrhœa should wear flannel bandage about abdomen, wear warm clothing, avoid exposure to wet and cold, keep feet dry. Look to drainage and see that there is no sewer-gas in dwelling. During acute attacks, *absolute* rest in bed.

**Diet.** In *acute* attack, the less food the better. Avoid the use of solid food, liquors, coffee, strong tea, fruits or vegetables. No potatoes. Let diet consist of milk and lime-water, broths, gruel, rice (well-cooked), barley-water, whey, panada, beef-tea, with teaspoonful isinglass to the half-pint. In *chronic*, nourishing, but simple and easily-

digested food—fresh meat, mutton, beef, soft eggs. Milk-diet good. Avoid salt and cured meat, pork, veal, and fresh vegetables.

## DYSENTERY.

### LEADING REMEDIES.

**Merc. corr.** Distressing, persistent *tenesmus*, and cutting, colicky pains. After stool burning and *tenesmus* of rectum and bladder. Urine scanty, hot, bloody, or suppressed. *Stools*—frequent, mucus mixed with blood, or almost pure blood.

"May safely be regarded as specific remedy for whole process." *Baehr*. "Applicable when occurring in great intensity, and accompanied by the characteristic urinary symptoms." *Bell*.

**Aconite.** *Early in attack*, with fever, dry heat, great restlessness. *Stool*.—bloody, slimy, scanty, frequent, with *tenesmus*. *Dose*:—"The lower attenuations are to be preferred." *Hempel*.

"In *very beginning* often able to cut short dysentery." *Bell*.

**Belladonna.** Violent fever, retention of urine, severe gastric derangement, nausea and vomiting. Violent urging, scanty discharge of slimy, bloody stool, with *tenesmus*; abdomen distended, hot and painful; spasmodic, clutching pains.

"Often the only remedy required for severe cases of infantile dysentery." *Bell*. "Next to *Mercurius* the most important remedy in dysentery." *Baehr*.

**Aloes.** Loud gurgling in abdomen. *Before stool*, sensation of fullness and weight in pelvis; *after stool*, faintness. *Stool*.—bloody, jelly-like mucus. *Tenesmus very severe*.

"One of our most valuable remedies in dysentery." *Bell*.

**Cantharis.** Stool of blood and mucus, like scrapings from intestines. With stool, cutting in abdomen; after stool, shiverings. Scanty urine and *tenesmus* of bladder.

"Appearance like scrapings of the intestines is the most characteristic symptom of *Cantharis*." *Bell*.

**Capsicum.** *Stools* of mucus, streaked with black blood. Cutting colic, *tenesmus*, drawing pains in back. Drinking causes shuddering. *Tenesmus* of bladder, strangury.

"One of the royal remedies for dysentery." *Bell*.

**Arsenicum.** *Stools* dark, bloody, acrid and excoriating, with *tenesmus* and burning in anus and rectum, and great prostration. Called for when case is far advanced, discharges dark and fetid, prostration extreme.

### SPECIAL REMEDIES.

**Coloc.** *Very severe* colicky pains.

**Dulc.** Autumnal, from cold and wet.

**China.** Intermits; returns periodically.

- Colch.** Jelly-like, skinny stools; autumnal.  
**Podo.** Prolapse of bowel with every stool.  
**Sulph.** After violence of attack has passed.  
**Rhus.** Low fever, involuntary, thin, at night.  
**Arn.** Tormina, tenesmus, much hæmorrhage.  
**Ipec.** Much nausea and vomiting; bloody stools.

**CHRONIC DYSENTERY.** *Nitr. ac., Phos. ac., Sulph., China, Calc.-carb.*

**GENERAL MEASURES.** *Absolute rest* in bed. Keep disinfectants, sulphate-of-iron and carbolic acid, in bed-pan. Dispose of discharges with antiseptic precautions. Preserve free ventilation. Change sheets and clothing daily. If distressing tenesmus, enema consisting of two ounces boiled starch containing thirty drops *Laudanum*, or five grains *chloral-hydrate*. Suppository containing one-half grain alcoholic extract *Belladonna*, also excellent. Hot fomentations to abdomen often relieve pain. *Free injections of hot water* will relieve the distress accompanying a severe attack of dysentery, and help cut short the disease. *Chronic.*—Keep abdomen warm by flannel binder. Avoid cold and wet. Warm clothing. Remove from malarial district.

**Diet.** Cold drinks often aggravate the colic. Simple diet—scraped meat, milk, gruel, barley-water, rice-flour gruel. *Avoid* solid foods, fruits, vegetables, and stimulants.

## PERITONITIS.

### ACUTE IDIOPATHIC.

**Aconite.** From cold, with predominance of *febrile* symptoms. Burning, cutting, darting pain in bowels.

"Indispensable." *Hughes.* "The principal remedy." *Jousset.*

**Belladonna.** Severe congestions of head and chest; with anguish, dyspnœa, restlessness, dark-red and bloated face; continual distressing vomiting of bile, alternating with retching. Intestines distended, so that convolutions can be felt. Also, for the *vomiting*, in later stages.

"Suitable only at the commencement." *Bachr.*

**Bryonia.** Stage of exudation; stitching, lancinating pains in bowels, worse from slightest motion; tongue white and dry; great thirst; bowels constipated.

"When primary fever relaxes, and effusion threatens." *Hughes.*

**Mercurius corr.** Frequently exacerbating fever, with creeping chills, and copious perspiration after the heat. Peritonitis secondary to wounds and operations on abdomen. Tendency to *purulent* effusion. Abscesses.

"Has high curative power." *Hughes.*

**Veratrum alb.** Copious and frequent vomiting, face pale and sunken, skin cold, pulse small; anguish, restlessness and distressing thirst.

**Colocynth.** Diarrhœa, with rectal and vesical tenesmus, with or without colicky pains.

"Circumscribed peritonitis, from extension from abdominal organs." Jousset.

**Opium.** Great distention of abdomen; retention of stool and urine; complete inactivity of bowels; paralytic weakness of intestinal canal, remaining after disappearance of the exudation.

**Arsenicum.** Sudden sinking of strength; cold, clammy perspiration; restlessness, thirst, constant vomiting; burning in abdomen. Also, later, when copious and persistent exudation.

**Sulphur.** To excite and promote absorption of the exudation.

**GENERAL MEASURES.** Warm fomentations; or, in some cases, *cold* compresses do more good than hot. Keep patient at perfect rest, and avoid all mental or emotional excitement. Keep room well ventilated and at even temperature. Sometimes necessary to remove even weight of bed-clothes from abdomen, by barrel hoops, or suitable contrivance. Turpentine stupes over abdomen.

**Diet.** For intense thirst of early stage, give bits of ice. Ice *swallowed* sometimes relieves vomiting. As appetite returns, give food which will leave but little fecal residue. If much exhaustion, broths and nourishing food. Return to diet of solid food, very gradually and cautiously.

## COLIC.

**Coloc.** Extremely severe, cutting, griping, intermittent, abdominal cramps, causing patient to bend double, with much moaning and complaining.

**Chamomilla.** Flatulent colic, the abdomen much distended. Flatulence passes in small quantities, without much relief. Pinching, twisting pain. Great impatience. Children want to be carried.

**Nux vom.** Flatulent colic from indigestion. Cramps in stomach, with upward pressure. Cutting, pinching pains. Frequent urgings to stool without effect.

**Iris vers.** Severe flatulent colic, with sickness of stomach, and headache. This remedy will often help when others fail.

**Plumb.** Violent, constrictive, pinching pain in region of navel. Retraction and hardness of abdomen. Flatulence and *obstinate constipation*. Face and skin pale, bluish or yellow. Chronic enteralgia.



**Opium.** Great accumulation of gas in intestines, with great distention of abdomen, and cutting, pressive and twisting pains. Complete inactivity of intestines.

**Dioscorea.** Sudden attacks, with vomiting of food. Pain changes from one part of abdomen to another, with much rumbling.

#### COLIC:—

**Indigestion.** *Nux v., Puls., Ipec., Ars.*

**Infants.** *Cham., Bell., Cina, Ipec., Iris.*

**Bilious.** *Merc., Ipec., Podoph., Dios., Iris.*

**Flatulent.** *Nux v., Cham., Lyc., Dros., Iris.*

**Nervous.** *Coloc., Bell., Ign., Opium, Plumbum.*

**Rheumatic.** *Verat. alb., Dulc., Bry., Puls., Rhus.*

**GENERAL MEASURES.** If stomach contain a mass of indigestible food, give warm water and salt, tickle back of throat, and produce emesis. Drinking large quantity of warm water often relieves. Place patient on left side, with hips raised, and give copious injection of warm water. Retain as long as possible. Apply hot fomentations to abdomen.

#### LEAD-COLIC.

**REMEDIES:—***Opium, Platina, Alumina, Belladonna, Arsenicum, Stramonium.*

**Opium.** Retraction of abdominal muscles, slow pulse, obstinate constipation.

“A most valuable specific.” *Baehr.* “Soon gives relief.” *Hughes.*

**AFTER-EFFECTS.** *Stram.* Paralysis. *Bell.* Amaurosis.

**GENERAL MEASURES.** In acute attack, give free milk-diet, and let patient drink large quantities of soft water. Use copious warm injections. Warm baths.

Workers in lead should bathe and wash carefully, and change linen frequently. Do not eat in workshop. Keep up free ventilation. After one attack change of occupation *only* will exempt from repetition.

#### CONSTIPATION.

**Sulphur.** Hard, knotty stools, accompanied by hæmorrhoids, followed by burning pain in anus and rectum. Flushes of heat, frequent weak, faint spells. Good with which to begin treatment. The improvement begun under *Sulph.* must be followed by some other remedy.

**Nux vom.** For those of sedentary habit, high livers, and after abuse of drugs. Frequent, ineffectual urging to stool, which is large, hard, and passed with great difficulty. Dyspepsia and hæmorrhoids. Often acts well after *Sulphur.*



**Opium.** *Complete torpor of bowels.* Stools hard and lumpy. Headache, drowsiness, dizziness, congested face. Abdomen much distended, with almost complete paresis of intestines.

**Plumbum.** Stools of small, hard balls. Frequent attacks of violent colic. Retraction of abdomen. Sense of constriction of sphincter ani.

"The chief indication for the use of *Plumbum* in constipation is the constant presence of a spasmodic or colic-like pain." *A. C. Pope.*

**Hydrastis.** Headache and hæmorrhoids. Severe pain in rectum after stool for hours. Especially useful after abuse of purgative medicines. DOSE:—Drop of mother-tincture, once daily, before breakfast, for a week.

"Has been curative of constipation more frequently than any other remedy." *Hughes.*

**Platina.** Difficult expulsion of soft stool. Frequent urging, great straining, passing but small quantities; putty-like stool, sticking to the anus. Constipation while traveling.

**Æsculus.** Dryness of rectum, feeling as if full of small sticks. Painful hæmorrhoids, with severe backache.

**Lycopodium.** Stools hard, scant, and passed with great difficulty. Ineffectual urging. Acidity and heartburn, loud rumbling and gurgling in bowels.

**Graphites.** Stools large, hard and knotty. Tendency to cutaneous disorders.

**Nitric acid.** Stools hard, dry and scant, and passed *without pain.* Headache; sour or bitter taste after eating; sour eructations, excessive flatulence.

"In the front rank of remedies for constipation." *Dyce Brown.*

**Ignatia.** Constipation with prolapsus of rectum on slight effort to evacuate; creeping, itching sensation in abdomen.

**Bryonia.** Hard, large, dry stools; chilliness; pain about the liver; rheumatic tendency, accompanied by symptoms of indigestion; frequent eructations after meals; headache.

**GENERAL MEASURES.** Drink a goblet of oatmeal-water every morning on rising. Avoid tea and coffee. Let the diet consist largely of coarse meals, succulent vegetables and juicy fruits. Eat brown bread rather than white.

**Diet.** *Avoid:*—Tea, coffee, wine, beer, pork, veal, salt-meats, cheese, beans, cakes, pastry, pickles, biscuit, fresh bread, muffins, griddle-cakes.

*Eat:*—Mush, hominy, oatmeal, wheaten-grits, corn-bread, greens, cresses, squash, turnips, spinach, cabbage, tomatoes, asparagus, cauliflower, figs, pears, prunes, peaches, apples, oranges, melons, grapes, cherries, berries.

## HÆMORRHOIDS.

### LEADING REMEDIES.

**Æsculus hip.** Hæmorrhoids like ground-nuts, of a *purple color, very painful, with burning sensation. Itching, burning pains, with sensation of fullness and dryness of rectum. Slight hæmorrhage. Severe aching pains in back. Constant and severe backache, extending to sacrum and hips. Stool hard and dry, passed with difficulty, followed by sensations of constriction, fullness, dryness, and pricking pains in rectum.*

"Almost specific," *Hughes.*

**Hamamelis.** *Profusely bleeding hæmorrhoids. Burning, itching and rawness of anus. Weakness of back—feels as if it would break. Discharge of large quantities of dark blood.*

"Never fails in true varicosis," *Hughes.*

"In excessive hæmorrhage a certain remedy," *Jousset.*

**Aloes.** Hæmorrhoids, with flow of hot, blackish blood. Hæmorrhoids protrude, like bunch of grapes, with constant bearing down in rectum. Great heat and tenderness of the tumors, relieved by cold water. Heat in bowels, and heat and painful pressure in liver. Painful inflammation of the tumors.

**Collinsonia.** Blind or bleeding piles, with sticking pains in rectum. Obstinate and habitual *constipation, stools lumpy and light-colored. Uterine disorders. Congestive inertia of lower bowel.*

"In constipation and hæmorrhoids I prefer it to *Aloes.*" *Hughes.*

**Nux vom.** For blind or bleeding piles. From abuse of spirituous liquors, or sedentary habits. Bleeding, burning, and frequent protrusion of the piles. Abdominal plethora. Tearing, pressing, bruised pain in small of back. Habitual constipation.

**Sulphur.** Bleeding, burning, and frequent protrusion of the piles. Stinging, burning and soreness, in and about anus. Itching and tenesmus after a soft or bloody stool. Alternate constipation and discharge of blood-streaked mucus.

### SPECIAL REMEDIES.

**Caps.** Burning and itching.

**Ferr.** Cachectic constitutions.

**Acon.** Inflammation of tumors.

**Hep. s.** Chronic hepatic affection.

**Pod.** Portal congestion, bilious subjects.

**Ars.** Emaciated subjects. Burning pain.

**GENERAL MEASURES.** Avoid soft cushions, and feather-beds. Sedentary habits bad. Correct uterine disor-

ders. Make a habit of going to stool *shortly before bedtime*. Injections of cold water beneficial. If piles inflamed and tender, anoint with *Aconite* cerate, and sit over steam of hot water.

Ointment of *Boracic acid* and *Vaseline* has magic effect in relieving *itching* piles.

Make cerate, or suppository, containing mother-tincture of *Æsc.*, *Ham.*, *Aloes*, *Collin.*, or other indicated remedy, and use locally.

Diet. Avoid coffee, peppers, spices, stimulating or highly-seasoned food, beer, wine, spirits, and *do not over-eat*. During attack, no meats. Vegetables and fruits best.

---

## ENTOZOA.

### TÆNIA SOLIUM.

#### (TAPE-WORM.)

**Pepo semen.** Take one ounce of pumpkin seed, the shells having been removed, mash it up and make an emulsion with milk. Take this dose at bedtime, after having fasted from breakfast. In the morning take a tablespoonful of castor-oil, abstaining from breakfast. Use one-half this dose for children under twelve.

<b>Filix mas.</b>	℞. Ol. Filic. maris	3j.
	Mucilag.	
	Glycer. aa	3ij.
	Aqua. dest.	3j. Mix.

**DOSE:**—Give in four doses, fasting, and follow by castor-oil.

Or, give drop doses *Male Fern*, every four hours, and a dose of *Merc. corr.* night and morning. Continue several days.

**Punica granatum.** Take of *Pomegranate root* (*Granat. rad. cort.*) two ounces, put into one quart of water, macerate, and boil down to one-half the quantity. **DOSE:**—two fluid-ounces every half hour, after having fasted.

**Rottlera tinctoria.** Give two or three teaspoonfuls of tincture, after twelve hours' fasting. A dose of *Castor oil* may be given if no purgative action follow the taking of the medicine.

"This is the pleasantest, safest and surest remedy with which I am acquainted." *Lewis Sherman*.

## ASCARIS LUMBRICOIDES.

(ROUND-WORM.)

**Santonine.** Give two-grain doses of 2x trit. every three hours. This is a genuine specific for the round worm. For young children use *Cina*.

The symptoms indicating the presence of worms, and calling for this remedy, are—Boring at the nose, livid circles about the eyes, slight fever, fretfulness and ill-temper, short, hacking cough, coated tongue, bad breath, tossing and uneasiness, or crying out in sleep, nausea and vomiting, capricious appetite, itching of nose and anus, the urine white and thick; sometimes convulsions.

**Merc. corr., Ant. crud., Stannum.** The existence of worms is usually accompanied by an unhealthy state of the mucous membranes of the intestines, which secrete a large quantity of tenacious, slimy mucus. To correct this condition *Merc. corr., Ant. crud.* or *Stannum*, the principal remedies, must be given, when the worm-symptoms will all disappear.

## OXYURIS VERMICULARIS.

(PIN-WORMS.)

**Teucrium.** *Thread-worms*, with much itching and irritation about the anus, especially troublesome in the evening; depraved or capricious appetite, pains in the epigastrium, picking at the nose, offensive breath, straining at stool, disturbed sleep and general restlessness.

Lard should be applied locally—it relieves the irritation, destroys the worms and stops their breeding.

## DISEASES OF THE LIVER.

## CONGESTION OF THE LIVER.

**Podophyllin.** Feeling of fullness in right side, with acute pain in one spot. Active congestion, with pronounced bilious symptoms. Diarrhœa, prolapsus ani, bitter taste, sallow complexion.

“When ‘bilious’ symptoms predominate, best remedy,” *Hughes*.

**Leptandrin.** Aching pains in liver, yellow-coated tongue, profuse, papæscient, tar-like, very fetid stools, constant dull pain in region of gall-bladder. Much soreness in head and eyeballs.

**Iris.** Pain over liver, crampy pain in back, flatulence in bowels, griping pains, headache, vomiting, lassitude, prostration. Excites the biliary secretion.

"A specific remedy." *Hughes*.

**Sulphur.** Chronic cases, hepatic cases from portal engorgement. Constipation, or, early morning diarrhoea. Frequent weak faint spells, with flashes of heat.

"A remedy of great value." *Hughes*.

"In chronic, holds the first rank." *Baehr*.

**Sepia.** Replaces *Sulphur* in women at climacteric.

**Chelidonium.** Chronic congestion. Constant pain under inner angle of right shoulder-blade. sallow skin, yellow-coated tongue, dull headache, constipation, fullness in region of liver.

"Has high value as a hepatic remedy." *Hughes*.

**Nux v.** Enlargement and induration, shooting, pulsative pains, excessive tenderness in region of liver, pressure in epigastrium and hypochondria, with shortness of breath and constipation. Active congestion from excess of stimulating food or alcohol.

**Lachesis.** Acute pain in liver, extending towards stomach. Cannot bear any pressure about hypochondria. Suitable in obstinate cases of drunkards.

"Cured a very severe case of chronic congestion, with jaundice and pain." *Jousset*.

**GENERAL MEASURES.** Often caused by a too-abundant, highly-seasoned, and stimulating diet, and alcoholic drinks. Hence these must be avoided. Observe regularity in hours of meals, eat light, avoid tea, coffee, and "hearty" food, and stimulants.

## HEPATITIS.

**PROGNOSIS.** Grave. *Unfavorable*:—Abscess; emaciation; hectic; hepatitis following dysentery. Most recoveries follow discharge of abscess through lung; next, intestine, intercostal space, cavity of pleura, abdominal wall, in order given, the latter being almost invariably fatal. When air obtains free access to cavity of hepatic abscess, favorable result seldom follows. Multiple abscess unfavorable.

## LEADING REMEDIES.

**Aconite.** Beginning of attack—*violent inflammatory fever*, with insupportable, shooting pains in region of liver, tossing and great restlessness.

**Belladonna.** Oppressive pain in region of liver, extending to chest and shoulders; distension of epigastrium, with difficult and anxious breathing, congestion of head, obscuration of sight, sensation of fainting, violent thirst, sleepless tossing about, nausea, retching, distressing vom-

iting, continued fever, with high temperature. No use after local pains abate.

"Better adapted to this disease than *Aconite*." *Baehr*.

**Mercurius.** Fullness and swelling in region of liver, with pricking, burning, oppressive pain, preventing patient's lying on right side, worse on movement of the body; pain in shoulders, anorexia, agonizing thirst, jaundice, shivering, sometimes followed by sweating, but without relief. Acute parenchymatous inflammation.

"Most important remedy in worst forms of acute parenchymatous hepatitis." *Baehr*.

**Bryonia.** The pains in region of liver are sharp and shooting, with tension and burning, increased by touch, coughing or respiration, especially during *inspiration*, and much increased by motion. Violent, spasmodic oppression of chest, rapid and anxious breathing, bitter taste, yellow-coated tongue, constipation, severe headache. Sub-inflammatory cases.

**Hepar s.** For threatened abscess, or, after suppuration has begun.

**GENERAL MEASURES.** When abscess has been made out, evacuate with aspirator.

## JAUNDICE.

**Aconite.** Fever, stitches in liver, yellow skin, scanty, dark urine, clay-colored stools, local pain, inflammatory symptoms. Or, prostration, vomiting, oppression of chest, blue nails, cadaverous countenance, cold extremities, feeble pulse, collapse.

"Has cured some malignant cases." *Jousset*.

**Mercurius.** Duodenal catarrh, with extension of the inflammation to bile ducts. *Complete jaundice*. Skin very yellow, thickly-coated, flabby tongue, nausea, vomiting, loathing of food, grayish-white feces, diarrhœa, tenesmus, urine scanty and dark-red. Pain in region of liver. *Icterus neonatorum*.

"One of the most frequently indicated remedies, with or without fever." *Raue*.

**Chelidonium.** Yellowness of eyes and skin, pain in liver and right shoulder, bitter taste, tongue clean, of deep-red color, stool white, urine dark red, region of liver distended and painful.

"No better remedy." *Hale*.

**China.** Gastro-duodenal catarrh, particularly after great loss of animal fluids, or in malarial jaundice. Oppressive headache, perverse appetite, with canine hunger, dingy-yellow complexion; liver swollen, hard and tender, with spasmodic, stitching pains.

"Recurrent form." *Lilienthal*.

**Hydrastis.** Gastro-duodenal catarrh, sense of sinking and prostration at epigastrium, with violent and continued palpitation of heart.

**Podoph.** Enlargement of liver, with severe pain, urine scanty and dark-yellow, stools clay-colored, nausea and vertigo. In complication with gall-stones. Duodenal catarrh.

**Arsenicum.** Malignant jaundice, the bile decomposed, poisoning the tissues; black or bluish patches on the skin, "Especially valuable when from disorganization of the liver." *Hempel.*

**Phosphorus.** Malignant cases, nausea, epigastric tenderness, numbness of extremities, liver swollen and very sensitive to pressure; chills, pulse weak and low; drowsy, comatose condition. Acute hepatic atrophy.

**Nitric ac.** Chronic jaundice, enlargement and induration of liver, obstinate constipation, fetid, dark-colored urine, sharp pain in pit of stomach.

**Sulphur.** Chronic, organic disease of liver.

**Nux vom.** Chronic constipation, sedentary and intemperate habits.

**Chamomilla.** Acute, from fright or anger.

**Crotalus.** Malignant. Typhus icterodes.

**Iodine.** Chronic, and after abuse of *Mercury*.

**GENERAL MEASURES.** Hot fomentations to relieve pain. Warm clothing. Light diet, broths, roast-apples, vegetables. Plenty of water.

## CALCULI—BILIARY.

**Berberis.** Pain, soreness and burning in the biliary tracts, with tendency to gall-stone. Also to be given at the time of the attack, for pain attendant on the passage of gall-stone.

**Arsenicum.** Severe attacks, the patient pallid and exhausted, covered with cold sweat, the syncope interrupted only by efforts to vomit. Give this remedy to excite reaction.

**Calc. carb.**<sup>30</sup> Give frequent doses every fifteen minutes, during paroxysm, to relieve pain.

"Dr. Drury's recommendation led me to try it. The effect of this remedy in the next case I had was something marvellous, and it has never failed me since. Drs. Bayes and Dudgeon have also borne testimony to its efficacy." *Hughes.*

**China.** To correct tendency to formation. "I give usually *China* 6x, six pills twice a day, till ten doses are taken; then six pills every other day, till ten doses are taken, then every third day, till ten doses are taken, and so on, till at length the dose is taken only once a month. I have not failed to cure, in a single instance, permanently

and radically, every patient with gall-stone colic, who has taken the remedy as directed." *Dr. David Thayer.*

*Chel.* "Has cured numerous cases." *Hale.*

TO PREVENT RETURN. *China, Berb., Chel., Nux v., Pod., Merc., Sulph.*

**GENERAL MEASURES.** At time of attack direct efforts to moderate the pain and set free the impacted calculus. Apply *hot* fomentations, or chloroform-liniment. A full, warm bath helps. Olive oil, taken in large quantities, sometimes promotes easy passage of the stone. In severe cases failure to relieve excruciating pain may necessitate resort to inhalations of Chloroform, or Morphine hypodermically.

**Diet.** Eat sparingly of animal foods; abstain from use of fatty and saccharine substances. Do not have meals at too great intervals, as the gall-bladder should be frequently emptied. *Carlsbad* and *Vichy* waters have proved curative.

## DISEASES OF THE KIDNEYS.

### NEPHRITIS—ACUTE.

**Aconite.** Acute idiopathic, from cold. High fever, restlessness, dark, scanty urine, stitches in region of kidney.

**Cantharis.** High fever; urine scanty, high-colored, bloody, passed drop by drop, with scalding, burning pain, with tearing pains in loins. Very useful in *post-scarlatinal* and *post-diphtheritic* nephritis.

**Apis.** Renal pains, urine scanty, albuminous. Sudden œdema. Especially useful in *post-scarlatinal* nephritis, and the congestion of kidneys of pregnancy, with œdema.

**Terebinth.** Passage of scanty, dark and bloody urine. "Coffee-ground" sediment in urine.

"Almost infallible in renal congestion." *Hughes.*

**Belladonna.** Shooting pains from kidneys to bladder; renal region very tender to pressure; urine orange-yellow, or bright-red, depositing a thick sediment. Important remedy for congestion of kidneys.

**Arsenicum.** Urine scanty, dark-brown and albuminous. Great thirst and restlessness, pale, waxy skin, œdema of parts, or anasarca.

"The best remedy in most cases of *post-scarlatinal* nephritis." *Hughes.*

**Hepar s.** Threatened suppuration. Cessation of the acute pain, sensation of throbbing and feeling of weight



in renal region; alternate chills and flushes of heat, followed by perspiration.

**GENERAL MEASURES.** Absolute rest in bed. Hot fomentations to small of back. Drink large quantities of soft water.

**Diet.** Milk and vegetables, avoiding meats and all stimulants.

## BRIGHT'S DISEASE.

### PARENCHYMATOUS NEPHRITIS.

**PROGNOSIS.** *Acute*, often followed by recovery; if it reach *second stage* (Degeneration), recovery very rare; *third stage* (Atrophy), invariably fatal.

**CAUSES OF DEATH.** Uræmia; meningitis; peri- and endo-carditis; pneumonia.

### LEADING REMEDIES.

**Cantharis.** Early stage. Urine scanty, albuminous, high-colored, scalding; aching pains across the loins. Urine contains a large quantity of epithelial cells. Headache, delirium, convulsions, coma. Most useful where desquamation is considerable, and uræmia threatens.

**Terebinth.** Idiopathic parenchymatous nephritis. Urine scanty, dark, smoky, bloody. Much albumen, and many blood-casts. Anasarca. Of no use in uræmia. There must be blood in the urine in order for this remedy to be indicated.

**Arsenicum.** Large white kidney. Skin pale and waxy, partial or general dropsy, puffy appearance and debility. Urine scanty, albuminous, containing fat-globules, renal epithelium, fibrin casts, and a few blood-corpuscles. Inflammation of serous membranes.

"Cases of cure by this remedy are numerous and brilliant." *Hughes*.

**Phosphorus.** Chronic tubular nephritis. Urine high-colored, high specific gravity, containing albumen, oil-globules, and exudation cells.

"The best remedy in fatty degeneration." *Hughes*.

## RED GRANULAR KIDNEY.

**PROGNOSIS.** A cure may be effected in early stage; later, patient may live for years, but finally fatal.

**CAUSES OF DEATH.** Generally uræmia; may be from complications—pneumonia, etc.

**Plumbum.** Cirrhotic kidney. Headache, dyspepsia, œdema of face and ankles. Urine—low specific gravity,

small percentage of albumen, hyaline and granular casts, and a few blood-corpuscles.

In 1876 I made a cure in an undoubted case of incipient renal cirrhosis, using *Plumbum met.*, 6x *trit.* alone. The former patient is in good health at the present writing (1883), and has remained so all these years. In numerous other cases, which, however, were already chronic when coming under treatment, by the same remedy the disease has invariably been arrested in its rapid course, with improvement of all symptoms, although the final result has, of course, been that to which the extensive and far-advanced degeneration must inevitably lead. In a case at present in my wards in Cook County Hospital, an apparent cure has been effected.\*

### SPECIAL REMEDIES.

*Ars.* Serous inflammations.

*Nux v.* Dyspeptic vomiting.

*Cactus.* Over-action of heart.

*Apocy.* For excessive dropsy.

*Merc. c.* Bronchitis in complication.

*Phos., Chel.* Intercurrent pneumonia.

**GENERAL MEASURES.** Adopt measures to keep the skin active, and promote free diaphoresis. Give vapor baths, or Turkish baths, being careful not to carry it to the extent of weakening the patient. Use, also, salt-water and alcohol sponge-baths. Let the patient be warmly clad, and avoid cold air, or sudden lowering of the bodily temperature. Take plenty of open-air exercise.

**Diet.** Milk-diet best. Let patient gradually leave off all his ordinary food, until he reaches an exclusive *milk-diet*. Begin by drinking a quart of milk a day, and gradually increase the quantity from day to day until finally five or six quarts are taken daily. Divide the day into equal periods, and take a half-pint, or pint at a time. Keep it up for at least a month.

### AMYLOID KIDNEY.

Amyloid degeneration of the kidneys belongs to a cachexia depending on tertiary syphilis or prolonged suppuration, and should be treated in accordance with the nature of the primary affection.

**REMEDIES.** *Phos. ac., Nitr. ac., Merc., Kali iod., Sars., Sil.*

### CALCULI—RENAL.

**LITHIC ACID CALCULI.** *Lyc., Nux v., Puls., Sars., Eup., Colch.*

**Lycop.** Disorders of digestion and derangement of liver. Lithic acid crystals (red sand) in the urine.

\*Since discharged cured.

**Nux v.** Disorders of digestion from high living; constipation.

**Diet** must be carefully regulated. It must be simple, digestible and *moderate in amount*. Eat *sparingly* of meats—let the diet consist chiefly of *vegetable food*. If meats be eaten, take but *very small quantity* at any one meal. Avoid rich and highly seasoned dishes, and take *no champagne, spirituous or malt liquors*.

**Regimen.** An abundance of *out-door exercise* highly important, to supply system with oxygen. Keep up healthy action of skin by Turkish baths, and daily frictions with flesh-gloves. *Drink large quantities of pure, soft water*. Filtered rain-water is superior to all others.

**PHOSPHATIC CALCULI.** *Phos. ac., Aletris, Helonias, Ignatia, China.*

**Diet.** The diet should be nutritious and simple. Drink freely of *pure water*.

**Regimen.** Exercise, change of scene, and mental rest important. Attention to bladder important—do not let urine be long retained, and treat first indications of vesical catarrh.

**OXALATE OF LIME CALCULI.** *Nitro-muriatic acid, Uranium Nitrate.*

**Diet.** Avoid the use of rhubarb, asparagus, sugar, oils and fats, and spirituous or malt liquors. Drink no “hard” water—*i. e.*, water containing *lime*.

**Regimen** as in previous form.

**Berberis tinct.** Give during the attack of renal colic, to promote passage of stone.

**GENERAL MEASURES.** During passage of stone, the intense suffering of patient must be relieved. Apply hot fomentations over loins and lower abdomen. Put patient in hot hip-bath. Give enema of starch and *Laud-anum*, gtt. xxx. to xl., and let patient get effects of the opiate. Inhalations of *Chloroform*, if urgency demands. Subcutaneous injections of *Morph. sulph.* Drink large quantities of bland liquids during the attack. If it be an uric-acid stone, give *liquor potassii citratis*, fʒss, every three hours.

## URÆMIA.

**PROGNOSIS.** *Unfavorable:* Setting in with great violence; convulsions and coma; if kidney degeneration far advanced. *Favorable:* Those cases in which the impediment to the excretion of the urine can be speedily removed.

**Cantharis.** Uræmia secondary to congestion or inflammation of the kidneys. Give frequent doses. *Tereb.* if *Canth.* fail.

**Digitalis.** If heart's action weak.

**Apocynum.** Uræmia following dropsy. Administer remedies subcutaneously if patient unconscious.

**GENERAL MEASURES.** Resort to every possible means to restore action of kidneys. Hot compresses or hot poultices over loins; hot pack, to promote diaphoresis. If there be any urine in bladder, use catheter. If it occur in puerperal state, terminate labor as soon as possible. For *convulsions*, *Morphine*, gr.  $\frac{1}{8}$ — $\frac{1}{4}$  hypodermically, or *Potasii bromid. per rectum*. Free purgation may be procured by *Oleum tiglii*, one drop on the finger, touched to back of the tongue.

**Diet.** After attack give nourishing diet, especially a free *milk-diet*.

## DISEASES OF THE BLADDER.

### CYSTITIS—ACUTE.

**Aconite.** Only when there is much erethism or fever. Dry, hot skin, thirst and restlessness; frequent and violent urging to urinate, with burning in bladder. Painfulness in region of bladder.

**Cantharis.** Violent pains and *burning heat* in bladder. Very frequent micturition, with *tenesmus vesicæ*. Burning and cutting pains, so severe patient screams aloud. Constant desire to urinate, with scanty emission of dark or bloody urine.

**Belladonna.** Region of bladder *very sensitive*. Urine hot and red. Involuntary dribbling of urine. Great nervous irritability.

**Camphor.** The best remedy for strangury, especially useful if the attack was brought on by toxic doses of *Cantharides*.

**Cannabis.** Especially gonorrhœal cystitis. Its symptoms are similar to those of *Cantharis*, but less intense. It may be given in acute cystitis if improvement does not follow the use of the former in twenty-four hours.

### CYSTITIS—CHRONIC.

**Chimaphilla.** Dysuria, with mucous sediment in urine.

“The best remedy in the chronic form.” *Ruddock*. “I have often used it with advantage. From one to five drops of the mother-tincture seems to be the most suitable dose.” *Hughes*.

**Mercurius.** Fever, with chilly creepings and great sensitiveness in region of bladder. Urine turbid, fetid, containing pus. Also in gonorrhœal cystitis.

**Sulphur.** Obstinate chronic cases, urine very fetid.

CONSULT—*Dulc.*, *Senecin*, *Apis*, *Puls*.

**GENERAL MEASURES.** ACUTE.—Hot hip-bath, or hot fomentations, with *absolute rest* in horizontal position. CHRONIC.—Great benefit often follows washing out the bladder. Use small quantity of water at blood-heat, lightly colored with *Hydrastis tinct.* Force it in *gently and slowly*. The *best* method is to use a fountain syringe, with a *flexible soft-rubber* catheter. This can be used] for either male or female patients.

**Diet.** Prescribe a diet which shall keep the urine as free from solids as possible. In acute cases eat but little meat, and avoid the use of all *stimulants*, wine, spirits, beer, tea, coffee, spices. *Drink large quantities of pure soft water*, such as Poland or Waukesha water. Filtered rain-water is best.

## ENURESIS.

**Sulphur.** Nocturnal enuresis, copious discharge.

“Should begin the treatment of every case.” *Jahr*.

**Belladonna.** Paresis of *sphincter vesicæ*; may be necessary to give several drops of mother-tincture as a dose, *for children*.

**Causticum.** Involuntary passage of urine at night when sleeping. Passage of urine when coughing or sneezing.

**Equisetum.** Has proved curative in many cases of nocturnal enuresis.

**Cina.** When traceable to worms.

**GENERAL MEASURES.** Child should sleep on hard mattress, with light covering. Avoid hot drinks and highly-seasoned food, late in the day.

## HÆMATURIA.

**Terebinth.** The blood intimately mixed with the urine, which has a dirty, brown-red, or even blackish color. Burning and drawing pains in kindeys, spasmodic urging and pressing in region of bladder.

“Occupies the first place.” *Hughes*.

**Cantharis.** Violent, cutting, pressing and crampy pains in the bladder, extending into the urethra and kidneys; strangury and burning. Blood discharged drop by drop.

“One of the chief remedies.” *Hartmann*.

**Millefolium.** Pain in renal region, chilliness; the blood forms a sediment in bottom of vessel, like a bloody cake; pressive pain in urethra during flow of blood.

"Has been used successfully." *Hering.*

**Hamamelis.** Hæmorrhage from passive congestion of kidneys, with dull pain in renal region.

**Belladonna.** Renal hyperæmia from cold.

**Nitric ac.** Active hæmorrhage after *Mercury*; *tenesmus vesicæ* after micturition. Dissolution of blood corpuscles.

**Arsenicum.** Urine scanty, very dark, mixed with pus and blood, and rapid decomposition of it in the vessel. Wide-spread burning pains in urinary organs.

"Efficient in both acute and chronic." *Baehr.*

**Camphora.** *Hæmaturia* after excessive use of *cantharides*.

**GENERAL MEASURES.** Absolute rest; promote action of skin by vapor baths; let patient drink large quantities of soft water; copious injections of warm water often afford great relief. When bladder is filled with thick clots of blood, which cannot be passed, or drawn through a catheter, force into bladder two ounces of warm water, containing in solution, five drops of *Hydrochloric acid* and sixteen grains of *Pepsin*; in a few hours the contents of bladder will readily pass through the catheter.

## DISEASES OF THE NERVOUS SYSTEM.

### HYPERÆMIA OF THE BRAIN.

**Belladonna.** Face red and congested, injection of conjunctivæ, photophobia, extreme sensitiveness to the slightest noise, sudden starts and jerks, general hyperæsthesia. Tendency to delirium.

**Veratrum vir.** Cerebral hyperæmia accompanying febrile conditions. Headache, violent throbbing of the carotids, sensitiveness to sound and light, flushed face, tingling and prickling in the lower limbs, full, hard, bounding pulse.

"One of the most powerful remedies for cerebral hyperæmia." *Baehr.*

**Aconite.** The result of cold, or violent emotion, with hot, dry skin and great excitement of the circulation.

**Gelsemium.** Passive hyperæmia, and hyperæmia occurring during dentition.

**Glonoin.** Sudden and intense congestion, with violent headache; absence of fever.

**Arnica.** When from injury.

## CEREBRAL MENINGITIS.

**PROGNOSIS.** Grave. *Unfavorable*:—Tonic spasms; difficult deglutition; incontinence of fæces and urine; stertorous respiration; stupor and coma.

## LEADING REMEDIES.

**Aconite.** In the *initial stage*; fever, dry, hot skin, great arterial tension, face red and bloated, burning in brain, with sensation as if it were moved by boiling water. Great restlessness and anxiety.

"As soon as pulse becomes slower, and symptoms of exudation set in, *Aconite* no longer indicated." *Bachr.*

**Belladonna.** Face red and bloated, with red, sparkling eyes, boring of head into the pillow, great sensitiveness to light and noise, with general hyperæsthesia; violent throbbing of the carotids, loss of consciousness, violent delirium, convulsive movements of the limbs; vomiting; involuntary stools and urine.

"A disposition to perspire constitutes a valuable indication in favor of *Belladonna* as compared to *Aconite*." *Bachr.*

**Bryonia.** After effusion has set in. *Mild* delirium; severe, shooting and tearing pains in the head, with sharp screams; livid face, chewing motion of the jaws; stupor.

"When the stage of excitement is merging into that of depression and stupor." *Hughes.*

**Helleborus.** Eyes rolled up, lids half closed; face pale, breathing slow and deep; sighing; soporous sleep, with screaming and starting; automatic motions of one arm and one leg; jerking and convulsive movements. Follows *Belladonna*.

"The proper period for its application has arrived if reaction has almost entirely ceased and the symptoms of paralysis are more or less completely developed." *Bachr.*

**Apis mel.** Convulsions; sopor, interrupted by piercing shrieks; bending back, and rolling of the head; grating of teeth. Follows well after *Bryonia*.

**Sulphur.** "Appropriate as a means of assisting the delaying resorption of the exuded fluid; hence in the stage of paralysis, after it has continued for a time without any perceptible change." *Bachr.*

**Arnica.** Especially when of traumatic origin. Also, to promote resorption of serous effusion, after inflammation.

"Absence of all signs of reaction contra-indicates this agent decidedly." *Bachr.*

**Zincum.** Patient unconscious; eyes half-closed; dilated, insensible pupils; extremities, or whole body, cold: blueness of hands and feet; impeded respiration; small, weak pulse. Inflammation has ceased, and effusion, with cerebral torpor, remains.

"Even in advanced paralysis, with general coldness, it has been shown to excite salutary reaction." *Hughes.*

**SPECIAL REMEDIES.**

**Opium.** Deep coma.

**Merc.** Kali hyd. Syphilitic cachexia.

**Rhus.** With erysipelas and low fever.

**Hyos.** Severe cerebral pains, delirium, aberration of sight.

**GENERAL MEASURES.** Keep sick-room *darkened*, well *ventilated* and *very quiet*. Raise head on a thin pillow. In severe attack, cut the hair. Apply cold to head. To be of service cold applications must be *continuous*—not warm at intervals. Use bladder, or small rubber bag, *half full* of pounded ice; or, cover head with soft cloth and conduct to it a *constant*, small stream from vessel of cold water, by syphon of small rubber-tube or cotton wicking. *Great caution necessary*. Apply only in stage of excitement, *never after stage of depression has set in*. Throughout attack, keep extremities *warm*. During convalescence patient must be kept free from all excitement or disturbance; do not talk to children.

**Diet.** During fever give liberally of cold water to slake thirst. Barley-water, milk and water, and broths should be given as soon as depression sets in. In convalescence return to solid diet cautiously.

**APOPLEXY.****LEADING REMEDIES.**

**Acon.** Full, strong pulse, plethoric subjects, great arterial excitement.

"You will be astonished at the rapidity with which the beneficial results will manifest themselves under this potent drug." *Hughes*.

**Bell.** Great cerebral congestion, red, swollen face, throbbing of cerebral vessels, dilatation of pupils, conjunctiva red and injected, convulsive movements of face or limbs, involuntary discharge of urine. To be of service, must be given early, when the effusion is still attended by violent symptoms of congestion.

"Sometimes has a magic effect." *Baehr*.

**Opium.** Profound stupor, bloated, dusky-red face, stertor and irregular breathing, stupid, besotted countenance, convulsive motion of extremities, patient moans and groans, is hard to arouse, face covered with profuse, cold sweat.

"This drug is of great value." *Hurtmann*.

**Arnica.** No arterial excitement or cerebral congestion. Sudden attack, with stupefaction, sighing and muttering, involuntary discharges. Also, to promote resorption of effusion, to be given after the attack, with *Bell.*, if signs of cerebritis.

"As remedy to promote resorption, *Arnica* occupies first rank." *Baehr*.



## SPECIAL REMEDIES.

**Nux v.** Congestive condition of brain favoring apoplexy. For those of sedentary habit, who have indulged in rich diet and alcoholic stimulants.

**Sulph.** To promote resorption. "comes in where the action of *Arnica* terminates."

**Phos.** Retards degeneration of arteries.

**FOR PREDISPOSITION.** *Nux v.*, *Phos.*, *Baryta*, *Lach.*, *Gels.*, *Hyos.*

**FOR AFTER-EFFECTS.** *Caust.*, *Zinc.*, *Cupr.*, *Plumb.*, *Cocculus.*

**Faradization.** to restore paralyzed muscles.

**GENERAL MEASURES.** Loosen all tight clothing, especially about neck; remove patient to quiet, cool place. let him lie with head and body raised, and give plenty of fresh air. Rub extremities with heated flannels, and apply hot bottles. Apply warm cloths to head—cold applications do harm, especially if face pale and surface cool. Venesection worse than useless.

**Diet.** Of great importance. *Avoid* over-eating, rich food, and stimulants of all kinds. At no time should full animal diet be indulged in.

*Avoid* all excitement, fits of passion, over-exertion, sudden changes of temperature, exposure to hot sun, overheated rooms, hot baths, wet feet, and excesses of whatever kind.

## ALCOHOLISM—ACUTE.

**SYNONYM:** *Delirium Tremens.*

**Hyoscyanus lx.** Delirium mixed—loquacious, furious, muttering and incoherent; pulse small and quick, very compressible; skin cold and clammy.

"*Hyos.* most commonly useful; rare that the delirium is inflammatory enough for *Bell.*, or sufficiently maniacal for *Stram.*" *Hughes.*

**Opium.** Comatose condition; loud, stertorous breathing; loss of consciousness and sensation.

**Ant. tart.** Much *mucous* gastric disturbance with the attack, and profuse cold sweat.

**Arsenicum.** Great irritability of the stomach. great prostration, and muscular tremors.

**Ammonia.** To "sober up" one who is "pretty tight," give a dose consisting of one drachm *Spts. Amm.*, diluted in a little water.

**GENERAL MEASURES.** A cup of strong coffee is often of *great benefit*. It is highly important that the *strength* be maintained by a *nutritious* diet, as the danger is

from *exhaustion*. Give soups, beef-tea, warm milk, coffee, egg beaten up in coffee or milk. A plentiful sprinkling of red-pepper may be used in seasoning the food.

Use *as little violence as possible*; employ only gentle compulsion, trying to soothe and quiet the patient by kind words, keeping him as quiet as possible, and, if you can manage it, in a darkened room. Have the windows securely fastened, and help at hand to summon in case of necessity.

## ALCOHOLISM—CHRONIC.

**Nux vom.** Often indicated. A few drops of the 1x in frequently-repeated doses for bad effects following a "spree." Very good for morning-vomiting, trembling hands, and other nervo-muscular affections of drunkards.

**Phos. zinc.** In chronic alcoholism, for *nutrition of nervous centres*.

**Capsicum.** Ten drops of the tincture in a little water for atonic dyspepsia of drunkards.

**Arsenic.** For the morning-vomiting, gastritis, prostration, *muscular tremors*.

**Moschus.** The best remedy to allay the craving.

**GENERAL MEASURES.** To correct the habit, the use of alcoholic stimulants *must first be entirely given up*. As substitute. *Tr. Cinchona rubra*, may be given. a teaspoonful dose, two or three times daily; or,

R<sup>y</sup> *Lupulinæ*, fl. ext.

*Tr. Capsici*, equal parts.

**DOSE.** 1 or 2 tsp. p. r. n.

This, also, is an excellent substitute for the alcoholic stimulant.

**Diet.** A most important part of the treatment. Have patient eat freely of *fruits and vegetables*, and drink milk, lemonade, fruit-flavored syrups, and water.

## OPIUM-HABIT.

Diminish dose by insensible degrees, without the knowledge of the patient. Get control of patient and deal out to him his daily allowance. If patient has hypodermic syringe, its use and custody must be given up to some one else. If daily quantity is not more than four grains, the use of syringe must be given up *at once*, and a proportionate quantity—*i. e., three times as much*—given by the stomach. When *per diem* quantity is from one scruple to one drachm, considerable reduction must be made before the syringe can be abandoned, but it must be dropped at the earliest possible moment. The rate of reduction should

not be greater than 1-16 gr. hypodermically, or 1-5 gr. by stomach, each three to eight days. The necessary time must be given, even though it take a year.

"Never stop opiate suddenly." *Bartholow.*

Mix the dose of *Morphine* with a quantity of the 1x or 2x trituration of *Nux v.*, or *Quin. sulph.*, gradually lessening the proportion of the former and increasing that of the latter, until the one comes to be substituted for the other. If *Laudanum* be taken, pursue same plan, substituting *Tr. Coca Erythroxylon*.

**Diet.** Success promoted by correcting abnormal condition of digestive functions by appropriate remedies. Important to keep patient well-nourished. If digestion good, and food can be taken and assimilated, difficulties of treatment reduced one-half. Give milk, eggs, animal broths, steaks, chops and other substantial food. Important to have occupation for mind and body.

Absolute control of patient is necessary by any method, and easier to obtain by the one here given than by any other.

## HEADACHE—CONGESTIVE.

**Aconite.** Fullness and heavy feeling, as if everything would push out of forehead. Burning headache, as if brain agitated by boiling water. Vertigo, with nausea and vanishing of sight. *Arterial tension and excited circulation throughout the body.*

**Bell.** Intense headache, aggravated by noise, motion, moving the eyes, contact, and even coughing. Great congestion of head, with throbbing of carotids. Jerking headache, extremely violent on walking—pain increased at every step. Stabbing as if with a knife, from temple to temple. Burning of eyes, and pain as if eyeballs would start from their sockets.

**Verat. vir.** Intense cerebral congestion, feeling as if head would burst open, accompanied by nausea and vomiting. Headache proceeding from nape of neck. Heart beats loud and strong, with great arterial excitement.

**Glon.** *Active cerebral congestion.* Violent throbbing, pulsating headache, with fulness and pressure in head. Pain so severe as to drive to frenzy. Patient grasps his head, and rolls and cries with agony. Headache from exposure to heat of sun.

**China.** Deafness, noises in ears.

**Cact.** *Heavy pressing* on vertex.

**Opi.** Passive congestion—sleepiness.

**Gels.** Passive congestion—giddiness.

**Bry.** Frontal; dyspepsia—constipation.

**Nux v.** Occipital, with dyspepsia and constipation.

## HEADACHE—NERVOUS.

## (HEMICRANIA.)

**Bell.** Red face, great sensitiveness to noise and light. Right-sided, aggravated by slight jar.

"The best medicine if of recent origin." *Hughes.*

**Sepia.** Chronic cases. Skin yellowish under the eyes; women with disordered sexual function, leucorrhœa, irregular menstruation, scanty, preceded by pain. Headache generally occurs about time of menses.

"*Sepia* has largest and most unanimous testimony in its favor as a radical remedy for this disease." *Hughes.*

**Ignatia.** Headache as if a nail were driven in side of head. Periodical. Pain usually semilateral. Persons of highly nervous temperament, or in those whose nervous system has given way to anxiety, grief, or mental work.

**Nux v.** Sedentary habits, habitual constipation, sensation as if skull would split, worse in open air, during motion and stooping. Irritability of senses.

"A leading remedy in hemicrania." *Baehr.*

**Coffea.** Great nervousness, exaltation of senses and insomnia. One-sided headache, as from a nail driven into parietal bone. Useless in case of coffee-drinkers.

**Arsenicum.** Neuralgic and periodic headache, migraine, and headache from abuse of quinine and from miasmatic influences. Great weight in head, particularly in forehead.

**Gelsemium.** Appears suddenly, with dimness of sight, or double vision; vertigo, great heaviness of head, bright-red face, dull, heavy expression of countenance, full pulse, general malaise.

"Neuralgic headache after cerebro-spinal meningitis." *King.*

**Amyl nit.** Pallor of face. Headache which increases in severity, and then abates, again and again.

**GENERAL MEASURES.** *All victims of hemicrania must give up the use of coffee.*

## NEURALGIA.

**Aconite.**—Acute idiopathic, from cold. Face red and hot; pains very severe, lancinating, pulsating—almost intolerable at night, with great restlessness. *Must be acute congestion or active inflammation.*

"Invaluable in recent cases." *Hughes.*

**Belladonna.** Violent cutting pain, red shining swelling, congestion of face, eyes injected, lachrymation, great nervousness and restlessness, palpitation of heart. Motion and contact exceedingly painful. Pains appear in evening most violent towards midnight.

**Colocyntb.** Tearing, tensive pain, greatly aggravated by every motion of the facial muscles, better from warmth, attended by inflammatory heat and swelling. Acute neuralgia, from cold.

**Spigelia.** Neuralgia of trigeminus. Pain jerking, tearing, sometimes periodical, always attended by feeling of anxiety at heart, and great restlessness. Aggravated by slightest contact, by motion or stooping. Face pale. Of no use in chronic cases.

"Deserves the first place." *Baehr.*

**Arsenicum.** Idiopathic neuralgia. Burning, agonizing pain, accompanied by great restlessness and anguish. Intermittent, with tendency to periodic return. Worse from cold, easier during exercise. As a consequence of malaria, or in those of debilitated condition. Dose:—Acts best in high attenuations.

"Quiets nervous pain better than any other medicine." *Baehr.*

**Iris vers.** Neuralgia of head, temples and eyes, beginning in the morning and lasting for hours, causing burning distress in epigastrium, and vomiting. The entire scalp and face are involved, with sharp, shooting, cutting pains.

**Gels.** Malarial origin.

**Rhus.** After getting wet.

**Cedron.** Marked periodicity.

**Verat. a.** Icy coldness of part.

**Hep. s.** After abuse of *Mercury*.

**Bry.** Intercostal, worse on motion.

**Puls.** In lymphatic subjects; *jerking* pain.

**Phos.** Tic-douloureux from nervous debility.

**Kali bi.** Supra-orbital, with gastric disorder.

**Chel.** Right supra-orbital, with liver disorder.

**China.** Pain, aggravated by the *slightest touch*.

**Kalmia.** Neuralgia affecting one-half of the face.

**GENERAL MEASURES.** Hot applications sometimes relieve. Paint the course of nerve with mother-tincture of *Acon.* or *Bell.* Chloroform-liniment locally. Dip a needle in oil-of-peppermint, or oil-of-cloves, draw it along course of affected nerve; sometimes has a magic effect. Protect the part from exposure to cold or damp—wear warm clothing. *Rest* important for those who are over-worked. Galvanism often cures.

**Diet.** In chronic cases, and debilitated subjects, an abundance of nutritious food. Cod-liver oil, and other animal fats, very important—butter, cream, etc., should enter largely into the diet.

## SCIATICA.

**Chamomilla.** Pains intolerable, drawing and tearing in character, with paralytic sensation.

"Will often cure in young persons of nervous temperament." *Hughes.*

**Rhus.** Brought on by exposure to wet, straining and lifting. Pains worse when lying quietly, relieved by motion. Numbness, formication and stiffness.

"In chronic cases rarely fails." *Ruddock.*

**Colocyth.** Shooting, tearing pains, worse from motion and pressure. Pain sets in suddenly, is constant, becoming at times intolerable, felt most in daytime.

"Has always enjoyed high repute." *Hughes.*

**Arsenicum.** Burning pains, attended by anguish and restlessness, worse at night. Chronic cases.

**Actea.** Hysterical subjects; ovarian or uterine complications.

**Lycopodium.** Coxalgia, with violent jerks of the limbs, stiffness, weakness and formication. Obstinate, chronic cases.

**GENERAL MEASURES.** Apply *heat*; cover part with flannel, and run over it with a hot sad-iron. The battery should be tried in obstinate cases. Acupuncture often relieves.

## TETANUS.

**PROGNOSIS.** If access slow, spasms mild, paroxysms short, recurring at long intervals, patient can sleep, and temp. not over  $101^{\circ}$  F., *favorable*. Temp. over  $101^{\circ}$  F., *unfavorable*;  $103^{\circ}$  F. or over, *dangerous*.

## LEADING REMEDIES.

**Strychnia.** *Intermittent fits of spasm*, with bending body *backwards*, and disturbed respiration. Extreme stiffness of limbs, hardness of muscles, full consciousness during the spasm. *The spasm excited by the slightest touch.*  
DOSE:—1x or 2x trit.

**Aconite.** Idiopathic tetanus, excited by exposure to cold or wet. Frequent alternation of redness and paleness of face, distortion of eyes, body bent backwards, face covered with cold sweat, rigidity of muscles of jaws and neck.

"Its spasms are more continuous than those of *Strych.*, and less dependent on reflex excitement." *Hughes.*

**Hydrocyanic acid.** Lockjaw; bloating of face and neck; protruded, glistening eyes; body bent forward or backward; irregular pulse.

**Belladonna.** Constriction of throat; tightness of chest; grinding of teeth; clenching of jaws; distortion of face, mouth, foaming; obstructed swallowing; renewal of spasm on attempting to drink.

**Cicuta.** Trismus from injuries to head.

**Rhus.** From wounds of joints or tendons.

**Ignatia.** Extreme opisthotonos; from fright.

"We should give tolerably large doses of the remedy employed. Repeat frequently." *Hughes.*

**GENERAL MEASURES.** Keep room at comfortable temperature, the patient very quiet, and allow no draft or cold air to strike him.

**Diet.** Give abundant nourishment. Give four ounces of milk every two hours; one egg, with milk, morning, noon and night; if pulse indicates great exhaustion, give nutrient enemata in addition. If jaws locked, pour liquid food between jaws and cheek.

## EPILEPSY.

**Belladonna.** Recent cases. Cerebral congestion during and between the paroxysms. Young and sanguine subjects, and for *petit mal*.

"Will often be found efficient." *Buehr*.

"In cases of some standing, *Calcareæ* needed to complete the recovery." *Hughes*.

**Cuprum.** Violent convulsions, occurring at night.

"Occupies the first place among our remedies." *Jousset*.

**CONSULT**—*Ignatia, Cicuta, Cocculus, Strychnine, Opium, Argentum nit., Nux vomica.*

**GENERAL MEASURES.** Inhalations of *Amyl Nitrite* to ward off a threatened attack. During attack loosen clothing, and keep patient from injuring himself. Pressure on both carotids, which makes pressure on cervical sympathetic and par vagum nerves, will often shorten attack. In female patients, pressure on ovarian regions has like effect. When convulsions cease, draw tongue forward and turn head to one side, that the half-paralyzed tongue may not fall on larynx. Let patient rest.

## CHOREA.

**SYNONYM:** *St. Vitus' Dance.*

**LEADING REMEDIES.** *Ignatia, Actea, Arsenicum, Ferrum, Cuprum, Agaricus, Aconite.*

**Galvanism.** the constant current, has cured many cases.

## HYSTERIA.

### LEADING REMEDIES.

**Ignatia.** Attack preceded by sensation of lump in throat, followed by sense of suffocation, spasmodic eructation, convulsive movements of arms and legs, clenching of hands. Alternate flushing and pallor, yawning and sighing. "Its continued use modifies the morbid impressionability." *Hughes*.

**Moschus.** Great anxiety, palpitation of the heart, tendency to fainting, headache, feeling of constriction of chest, and general chilliness, and copious flow of colorless urine.

"In low dilutions, will sometimes arrest and always shorten paroxysms." *Hughes.*

**Asafoetida.** *Sensation as of a ball rising in the throat.* Nervous palpitation. The throat symptoms predominate.

**Pulsatilla.** Patients of mild, sensitive, tearful disposition, frequent derangement of menstruation, the attacks being characterized by tearfulness, or fits of crying, without assignable cause.

**Aurum.** Melancholia.

**Sepia.** Chlorosis; leucorrhœa.

**Actea.** Depending on menstrual suppression.

**Platina.** Uterine derangements. Nymphomania.

**GENERAL MEASURES.** In attack—Loosen clothing, give air; sprinkle face with cold water; give *Moschus*.

**Regimen.** Avoid tight clothing, excitement or emotion; take open-air exercise; observe regular habits, early hours, eat plain food; avoid stimulating diet. Correct uterine and sexual disorders.

## CONVULSIONS.

**Belladonna.** Great cerebral congestion, hot, flushed face, violent throbbing of carotids, drowsy after the spasm, starting and jerking in sleep. Great vascular erethism.

"Seldom happens that a second attack will occur after administering *Bell.*" *Bachr.*

**Ignatia.** Tonic spasms, very violent; during dentition, in those of highly nervous organization, from fright or grief. Of spinal rather than cerebral origin.

**Chamomilla.** Extreme sensitiveness, with great irritability; one cheek red and hot; bloated bowels; restlessness, with moaning and groaning.

**Cuprum.** *Anæmic condition.* Shrill cries during attack, drowsy and stupid in intervals; bloated abdomen, involuntary, thin discharge from bowels.

## CONVULSIONS FROM

**Passion.** *Chamomilla.*

**Injury.** *Arsen., Cic., Bell.*

**Worms.** *Cina, Merc., Cicuta.*

**Fright.** *Op., Hyos., Acon., Bell.*

**Stomach disturbance.** *Ip., Nux v.*

**Incipient Brain-affection.** *Bell., Gels., Ver. v.*

**GENERAL MEASURES.** Lose no time—have child stripped and put in warm bath (90° F.); apply to head large sponge wrung out of cold water. Remain in bath ten or fifteen minutes.



In emergency, if no other remedy is at hand, give *Camphor*, by inhalation, or a drop in a little sweetened gum-water. Lance gums if *swollen and inflamed*. During spasm, administer *Amyl Nitrite*, by inhalation.

If child is robust and apparently healthy, the attack is probably reflex; if weakly, wasted, or cachectic, it is probably from the brain.

If patient is an infant *reduced by exhausting diarrhœa*, remain in bath but two or three minutes, and *do not* put cold water to head; give stimulants of brandy and milk, freely.

## LARYNGISMUS STRIDULUS.

**Aconite.** Attack excited by cold, dry air. Spasm of larynx, severe dyspnœa, febrile symptoms.

"Eminently specific." *Hempel*. "Of priceless value." *Ruddock*.

**Chlorine.** Spasm of glottis, a succession of crowing *inspirations*, each followed by an ineffectual effort at expiration, the chest inflated, with turgescence of face, more or less complete coma, followed by relaxation of the spasm. DOSE:—Prepare weak solution in water, so that the odor of the *Chlorine* can just be detected. Teaspoonful at a dose. Prepare fresh frequently.

"I have used it with great advantage." *Dunham*.

**Iodine.** Child rachitic, with swelling of bronchial glands.

"To be preferred to all other remedies, as long as general organism has not become too much reduced." *Baehr*.

**Belladonna.** Red face, arterial excitement, cerebral congestion.

**Sambucus.** Burning, red, hot face, hot body, cold hands and feet, profuse perspiration on face and body.

**Moschus.** Give by inhalation at time of attack, to cut short paroxysm.

**GENERAL MEASURES.** Apply hot compress to throat—renew frequently. Sponge chest with *cold* water. Give *Moschus*. Two or three times a day give neck and chest cold sponging.

## HYDROCEPHALUS—ACUTE.

**PROGNOSIS.** About seven-eighths of all cases are fatal. *Unfavorable*:—Deepening stupor; eyes dim, glazed, and turned upwards; convulsions. Patient may die in coma or convulsion. *Favorable*:—A copious outbreak of perspiration, diminished oppression of breathing, increased flow of urine.

## LEADING REMEDIES.

**Belladonna.** Heat of head, throbbing carotids, pain in head, buries head in pillow, *extreme* sensibility to light and noise, eyes red, sparkling and protruding, violent delirium, drowsiness, stupor, with occasional *frantic screams*, convulsions, vomiting, and occasional involuntary evacuations. The medicine until effusion sets in.

"The sheet-anchor, after vomiting sets in." *Hughes.*

**Bryonia.** *Impending effusion.* Face dark "crimson-red," dry lips, dry, brownish tongue, hasty, impetuous drinking and swallowing, constipation, suppression of urine, dry heat, especially of head, drowsiness. chewing motion of jaw.

**Helleborus.** After exudation. Rolling the head, automatic motions of one arm and one leg, soporous sleep, with screaming and starting, lower jaw sinks down, chewing motion of mouth, squinting, pupils dilated, forehead wrinkled, and covered with cold sweat.

"One of the most important remedies." *Laurie.*

**Digitalis.** Sometimes called for in second stage, after effusion. *Pulse slow, weak and irregular.* Sopor, slow, heavy breathing; sleep with frequent startings, convulsions.

"Has high repute." *Hughes.*

**Cuprum.** *Hydrocephalus following catarrhal fever, or, metastasis during exanthematic fever.* Stage of effusion. Hot head, deep sopor, with twitching and jerking of the limbs, coldness of the hands, and bluish appearance of fingers.

**Sulph.** "If others fail." *Hughes.*

**Iodine.** "Incipient stage." *Jousset.*

**Calc. c.** "Scrofulous subjects." *Jahr.*

**DOSE:**—"Our best observers unite in affirming that frequently-repeated doses of low attenuations are preferable in this disease." *Baehr.*

## HYDROCEPHALUS—CHRONIC.

**Calc. c.** Scrofulous diathesis.

**Ars. iod.** Tubercular cachexia.

**Sulph.,** "with *Calc. c.*, accomplishes almost incredible results." *Jousset.*

**GENERAL MEASURES.** Cod-liver oil, nourishing diet, fresh air and sunlight.

## DISEASES OF THE SKIN.

## LEADING REMEDIES.

**Arsenicum.** The cutaneous affections to the treatment of which *Arsenicum* belongs are those which involve the more superficial structures of the skin; hence, in *branny*, *scurfy* eruptions, and those marked by the presence of papules, or minute vesicles, on inflamed bases. It should be used for *dry*, *scaly* eruptions, accompanied by intense burning of the surface.

VARIETIES. *Pityriasis*; *Psoriasis*; *Herpes zoster*; *Prurigo*; *Eczema* (chronic); *Lichen*; *Pemphigus*; *Urticaria*; *Impetigo*; *Ecthyma*; *Lupus*.

**Antimonium tart.** In toxic doses this drug excites a dermatitis, first papular, then vesicular, and lastly *pustular*, and its therapeutic sphere lies in the treatment of *pustular eruptions*, the pustules being large, round, full, with red areolæ.

VARIETIES. *Ecthyma*; *Impetigo erysipelatodes*; *Sycosis*; *Aene*.

**Apis mel.** Indicated in skin affections not going on to destruction of tissue, but accompanied by excessive itching, especially of a *burning*, *stinging* character. Also, if there be œdema of the part.

VARIETIES. *Urticaria*; *Lichen*; *Erythema nodosum*; *Lupus*.

**Croton tig.** Adapted to the treatment of eruptions characterized by the appearance of *minute*, closely-set, red papules, which gradually become vesicles and pustules, which break, become confluent, and form scabs, the process being accompanied by intense *burning* and *itching*. In relieving the *itching* of eczema it often has a magic effect.

VARIETIES. *Eczema rubrum, faciei et genitale*.

**Graphites.** Skin affections characterized by *rhagades*, *fissures*, *excoriations* in folds of the skin, and the exudation of a *sticky*, *glutinous*, transparent fluid from raw places or sores. Itching eruptions, secreting a corrosive serum.

VARIETIES. *Eczema impetiginodes*; *Mentagra*; *Impetigo*; *Psoriasis palmaris*; *Crusta laeta*.

**Lycopodium.** Eczematous, suppurating eruptions on the head. Eruptions which bleed easily, and form thick crusts. Unhealthy skin, with indolent, suppurating inflammations, and swollen cervical glands.

VARIETIES. *Impetigo*; *Porrigo capitis* (dry); *Intertrigo*; *Pliea Polonica*; *Eczema*.

**Hepar sulph.** Adapted to *scrofulous* subjects, in whom the slightest injury *suppurates*. Eruptions moist, inclined to *ulcerate*, *exceedingly sensitive to the touch*; *bleed easily*. Eruptions spreading by new pimples beyond the main excoriation. Vesicular or pustular eruptions in flexures of joints, elbows, knees, and between scrotum and thighs. Abscesses, whitlows, boils.

VARIETIES. *Eczema impetiginodes*; *Crusta lactea*; *Intertrigo*; *Impetigo*; *Herpes labialis*.

**Mercurius.** Eruption of innumerable, minute, transparent vesicles, on a light, rose-colored efflorescence, occupying a large portion of the skin, with pricking and itching. *Itching eruptions*, with *excoriating* discharges. Excessive perspiration, viscid, of strong odor, occurring chiefly at night.

VARIETIES. *Intertrigo*; *Eczema*; *Rupia*; *Ecthyma*; *Lepra*; *Impetigo*; *Psoriasis*.

**Mezereum.** Eruptions characterized by papulation, vesiculation, pustulation, and the formation of thick crusts, with intolerable itching. Itching occurring in the evening when in bed, aggravated or changed to burning by touch or by scratching; sensitiveness to touch. Ulcers, with red areola, sensitive and easily bleeding, painful at night; the secretions tend to form an adherent scab, under which pus collects.

VARIETIES. *Eczema*; *Impetigo*; *Herpes zoster*; *Pityriasis versicolor*; *Pruritus*; *Prurigo senilis*; *Mentagra*; *Erythema*.

**Rhus.** Vesicular eruptions on any part of the body; burning and redness over large cutaneous surfaces, which soon swell and become covered with vesicles, accompanied by almost intolerable itching and burning. Has a tendency to invade large surfaces rather than penetrate deeply into tissues.

VARIETIES. *Eczema*; *Herpes zoster et labialis*; *Pemphigus*; *Erythema nodosum*; *Urticaria*; *Prurigo*.

**Sepia.** Vesiculo-pustular eruptions, with itching, and cracking of the skin, chiefly affecting the joints, with a *yellow, earthy color* of the skin, and "liver-spots" in various parts. Women with disease of the uterus.

VARIETIES. *Chloasma*; *Tinea circinata*; *Psoriasis*; *Crusta lactea*.

**Sulphur.** Scrofulous subjects, and those with "unhealthy" skin—every injury *suppurates*. Papular, vesicular and pustular eruptions, with voluptuous itching, increased by scratching, and by the warmth of the bed. Has a wide range of application.

VARIETIES. *Prurigo*; *Favus*; *Impetigo*; *Acne*; *Eczema*; *Porrigio capitis*; *Lichen*; *Scabies*.

## SKIN-DISEASES.

**Acne.** *Ant. tart., Bell., Hep. s., Kali brom., Kali iod., Merc., Puls., Sulph.*

**LOCAL.** Puncture each pimple with fine point of a lancet, encourage bleeding by warm water, then apply *hot* water several times daily, ten minutes at a time. Press out all *comedos*. If indolent, apply stimulating lotion— $\mathcal{R}$  *Sulph. subl., ʒij; Camphor., ʒj; Aqua., ʒiv.* Mix. To *prevent*, attend to *diet* (avoid fats) and *hygiene* (wash parts well every night with castile-soap and soft water, making friction with flannel).

**Alopecia.** *Ars., Fluor ac., Phos., Phos. ac., Sulph.*

**LOCAL.**  $\mathcal{R}$  *Tr. Canth., ʒj; Acid acet., ʒjss.; Glycer., ʒss; Spts. Rosemary, ʒjss.; Aqua Rosæ, ad ʒviij.* Mix. Apply to scalp, and *rub in well* night and morning.

**Barber's Itch.** (*Tinea Trycophytina*). Shave carefully and apply OINT. *Merc. precip. rubr.*

**Chloasma.** *Sepia. Sulph., Lye., Guar.*

**Comedo.** *Baryta c., Bell., Nit. ac., Sulph.*

**LOCAL.** Press out "grub;" shampoo face, follow by friction with flannel. Apply *lotion* of *Borax* and water. Treat *dyspepsia, amenorrhœa, leucorrhœa*, or other attendant disorder.

**Ecthyma.** *Ant. tart., Ars., Lach., Merc., Juglans.*

**LOCAL.** Remove scabs and treat local sores with *Calendula* lotion. Correct *cachexia* by diet, air and baths.

**Eczema.** *Crot. tig., Rhus, Canth., Graph., Ars., Merc., Hep. s., Lyc., Mez., Sulph.*

**LOCAL.** Early stages, soothing lotions. *Itching* may be allayed by lotion of *Croton* or *Rhus*. To protect surface from air, use— $\mathcal{R}$  *Oxide of Zinc, ʒij; Calamine powder., ʒss.; Glycerine, ʒij; Rose-water, ʒviij.* Mix. In *chronic*, wash with *mild* soap, to remove scabs, then anoint with *Cosmoline*, twice daily. In *eczema* of hands, with acute inflammation, soak every night in weak solution *Sodæ bicarb.*, in water hot as can be borne, 10 or 20 minutes. Then anoint with *Ol. Olive, Aqua calcis, part. aeq., Bism. Subnit., ʒj.* Mix. If itching severe, add *Acid mur., dil., ʒj.* Apply on soft muslin and cover with oil-silk. *Eczema Impetiginodes*:—Use ointment powdered *Graphites* and *Vaseline*.

**Erythema.** *Acon., Apis, Bell., Mez., Rhus.*

**Erythema nodosum.** *Arn., Apis, Rhus.*

**Herpes.** *H. Labialis*:—*Rhus, Nat. mur., Merc., Hep. s. H. Circinatus*:—*Tell. H. Zoster (Shingles)*:—*Ars., Rhus, Mezereum.*

**LOCAL.** *H. Zoster.* Protect from irritation. Anoint with *Vaseline*, dredge freely with flour and cover with a layer of cotton-wool.

**Intertrigo.** *Cham., Calc. c., Hep. s., Merc., Sulph.*

**LOCAL.** Keep parts *clean and dry*. Anoint with *Hydrastis* and *Vaseline*. Dust with equal parts *Oxide of Zinc* and *Lycopodium* seeds. *Boracic acid* and *Vaseline*, *very efficacious* to allay itching.

**Lichen.** *Sulph., Ant. c., Apis, Ledum.*

**LOCAL.** Frequent alkaline baths. Soothing applications to allay itching. Improve general health.

**Pemphigus.** *Rhus, Ars.*

**Pityriasis.** *Ars., Canth., Graph., Mez.*

**LOCAL.** Frequent baths, with hard rubbing. Apply—℞. *Borax*, ʒj; *Glycerine*, ʒj; *Rose-water*, to ʒviij. Mix.

**Prurigo.** *Ars., Mez., Rhus, Sulph.*

**LOCAL.** Use daily cold bathing. Avoid *stimulants*, in drink or diet. Avoid scratching. Apply cold compress of *Mezereum* lotion.

**Pruritus.** *Calad., Acid nit., Collins., Lycop., Mez.*

**LOCAL.** Treat primary condition on which it depends. Relief may sometimes be obtained from use of grain doses of *Chloral Hydrate*. *Hamamelis* lotion to part. or anodyne lotions. ℞. *Opium*, grs. viij; *Kreasote*, gtt. x; *Vaseline*, ʒij. Mix. *Camphor*, ʒj; *Borax*, ʒij; *Alcohol*, ʒjss; *Rose-water*, to ʒviij. Mix.

**Psoriasis.** *Ars., Graph., Merc., Sepia, Sulph.*

**LOCAL.** Soften scales by applying wet compress, covered with oiled silk; when sufficiently macerated, remove patches and apply ℞. Red precipitate, finely powdered; white precipitate, aa, grs. v.; *Vaseline*, ʒj. Mix.

**Tinea Versicolor.** First wash well with soap, then apply *Hyposulphite of soda* ʒvj; *Rose-water*, ʒvj. Mix. *Lilienthal*.

**Urticaria.** *Ant. cr., Apis, Ars., Dule., Rhus, Urt. urens.*

"Of late I have found *Chloral*, in grain doses, sufficient." *Hughes*.

**LOCAL.** Warm bath often rapidly curative. To allay itching—*Grindelia* lotion. Or. warm water acidulated with *Acetic Acid*.

## DISEASES OF THE EYE.

### HORDEOLUM.

**REMEDIES.** *Puls., Merc., Hep. s., Staph., Sulph.*

**LOCAL.** Hot compresses. Open abscess when it points. Local application of *Iodine*, early, will sometimes abort.

## BLEPHARITIS MARGINALIS.

**REMEDIES.** *Merc.*, *Ars.*, *Graph.*, *Calc. c.*, *Hepar. s.*, *Puls.*, *Sil.*, *Sulph.*

**LOCAL.** Remove exciting cause. Soak crusts with solution *Sodæ bicarb.*, grs. x to  $\bar{\text{ij}}$  water. Rest eyes. Avoid irritating atmosphere. Observe strict cleanliness. **UNGUENTS:** R. White precipitate (*Hydrarg.-Ammon.-Chlor.*) gr. ss to *Vaseline*  $\bar{\text{ij}}$ . R. Red precipitate (*Hydrarg.-Oxid.-rubr.*) grs. ij, to *Vaseline*  $\bar{\text{ij}}$ , for severe cases.

## CATARRHAL OPHTHALMIA.

## (CONJUNCTIVITIS SIMPLEX.)

**REMEDIES.** *Acon.*, *Bell.*, *Euphr.*, *Puls.*, *Sulph.*, *Ars.*, *Graph.*

**LOCAL.** Cold compresses. *Borax* solution (grs. viii to f  $\bar{\text{ij}}$  water); or, *Boracic acid* (grs. v. to f  $\bar{\text{ij}}$  water), a few drops in eye three times a day.

## PURULENT CONJUNCTIVITIS.

**REMEDIES.** *Acon.*, *Arg. nit.*, *Puls.*, *Apis m.*, *Calc. c.*, *Calc. phos.*, *Hepar s.*, *Merc.*, *Sulph.*

**LOCAL.** Cold compresses. Keep eye clear of discharge.

## OPHTHALMIA NEONATORUM.

**REMEDIES.** *Arg. nit.*, *Puls.*, *Hepar s.*, *Mere.*, *Apis m.*

**LOCAL.** Cleanliness. Constant removal of the discharge every 5, 10, or 15 minutes day and night, until discharge lessens, then not so frequently. Brush everted lids with *Arg. nit.* solution (gr. j to f  $\bar{\text{ij}}$ ). If cornea becomes affected. *Atropine* solution (gr.  $\frac{1}{8}$  to f  $\bar{\text{ij}}$  water), a drop in eye every three hours.

## GONORRHOEAL OPHTHALMIA.

**REMEDIES.** *Arg. nit.*, *Puls.*, *Apis m.*, *Calc. phos.*, *Hepar s.*, *Mere.*, *Sulph.*

**LOCAL.** Cold compresses. Ice-bags. Constant removal of discharge. Apply *Arg. nit.* solution (grs. v to x to f  $\bar{\text{ij}}$ , *aqua*) once daily. Use *Chlorine* water (dil.  $\frac{1}{2}$ ), or *Boracic acid* (4 per cent.), in cleansing eye. Corneal implication requires *Atropine* or *Eserine* solution (grs. iv to f  $\bar{\text{ij}}$  *aqua*).

## PHLYCTENULAR OPHTHALMIA.

**REMEDIES.** *Merc. corr., Aurum, Calc. c., Sulph., Rhus, Graph., Arsen.*

**LOCAL.** Shade eyes. Bandage rarely necessary. Severe pain may require solution *Atropine* once or twice daily.

## GRANULAR LIDS.

**REMEDIES.** *Acon., Euphr., Arsen., Merc. iod., Bell.*

**LOCAL.** Cold applications. Ice bags. *Sulphate-of-Copper* or *Alum* to granulations. *Tannic acid*, grs. x. to *Glyc.*  $\bar{3}j$ , applied by camel's-hair brush to thickened conjunctiva; or, solution *Arg. nit.* (grs. v. to  $f\bar{3}j$  *aqua*). Where cornea involved and pain, *Atropine* solution may be useful.

## KERATITIS.

**Diffuse.** *Apis, Ars., Aurum, Baryta iod., Hep. s., Merc., Sulph.*

**LOCAL.** *Atropine* solution (grs. ij to  $f\bar{3}j$  *aqua*) if much pain.

**Phlyctenular.** *Ars., Graph., Calc. c., Merc., Euphr., Hep. sulph.*

**LOCAL.** Smoke-colored glasses. Cleanliness. *Yellow-oxide-of-Mercury*, grs. ij to  $\bar{3}j$  *Vaseline*, a piece the size of a millet-seed between the lids, once a day.

**Suppurative.** *Merc., Sulph., Hep. s., Calc. phos.*

**LOCAL.** Hot applications, applied 15 minutes, then off half an hour, then again applied. *Atropine* solution; sometimes *Eserine* solution.

**Ulcerative.** *Hep. s., Calc. phos., Merc., Ars., Sulph.*

**LOCAL.** Bandage. *Atropine* solution if ulcer central; *Eserine* when ulcer is peripheral.

## IRITIS.

**Serous.** *Gels., Bry., Kali hyd., Phos.*

**Plastic.** *Merc. sol., Merc. corr., Hepar s., Bell.*

**Suppurative.** *Hepar s., Merc. sol., Silica, Sulph.*

**Syphilitic.** *Kali hyd., Merc. corr., Asafoet., Aurum. Nit. acid.*

**LOCAL.** Hot, dry applications. *Atropine* solution (grs. iv to  $\bar{3}j$  *aqua*) gtt. j. every 3 or 4 hours. Keep the eye and that side of head warm.

## GLAUCOMA.

**REMEDIES.** *Coloc., Ars., Gels., Bell., Bry., Phos.*

**LOCAL.** Iridectomy. *Eserine sulphate* (grs. ij to  $f\bar{3}j$  *aqua*), a drop every 2 to 3 hours, to contract pupil. Complete rest of eyes during attacks.



## DISEASES OF THE EAR.

## OTALGIA.

**REMEDIES.** *Acon., Bell., Puls., Ars., Merc.*

**LOCAL.** Hot, dry applications. *Aconite* tincture in hot water, instilled into ear. *Morphine* or *Atropine* (gr. j to f  $\frac{1}{2}$ j) in hot water, and three or four drops in ear. (All these solutions are very dangerous if there is any perforation of the drumhead.)

## ACUTE INFLAMMATION OF MIDDLE EAR.

**REMEDIES.** *Acon., Puls., Bell., Merc., Hepar s.*

**LOCAL.** Warm applications. Warm *Olive oil* and *Laudanum*, equal parts. Hot water (110° F.) introduced by a medicine-dropper, or from a small sponge. Open Eustachian tube with air-big. Puncture drumhead if bulging. Avoid poulticing.

## SUPPURATIVE INFLAMMATION OF MIDDLE EAR.

## (OTORRHŒA.)

**REMEDIES.** *Silica, Sulph., Calc.-c., Arsen.*

**LOCAL.** Cleanse ear with absorbent cotton on wooden tooth-pick, and apply *Boracic acid* pulv. If necessary syringe ear with warm water and *Carbolic acid* (gtt. x to f  $\frac{1}{2}$ j *aqua*) or *Boracic acid* solution (grs. x to f  $\frac{1}{2}$ j *aqua*), and dry ear with absorbent-cotton afterwards. *Mastoid complication*—Incision over mastoid process, one inch long and about  $\frac{3}{4}$  inch from, and parallel to, auricle.

## CONSTITUTIONAL DISEASES.

## ERYSIPELAS.

**Prognosis.** Generally favorable. *Unfavorable* in the aged; in drunkards; if gangrenous; if thrombosis occurs; extension to larynx; high degree of blood-poisoning; phlegmonous variety; metastasis to brain.

## LEADING REMEDIES.

**Belladonna.** Smooth, bright, shining red skin; congestion of head, with throbbing carotids. Intense fever; tendency to attack brain; delirium.

"The remedy so long as color is bright-red, and fever high." *Hughes.*

**Apis.** Burning, stinging pain in affected part; skin pale; *œdematous swelling*, dryness of throat. *Edema glottidis*.

**Rhus t.** *Vesicular* erysipelas; dark, bluish redness of affected part, with burning and itching.

### SPECIAL REMEDIES.

**Graph.** Wandering erysipelas.

**Canth.** Vesicular. From Arnica.

**Lyc., Hep. s.** Local, *without fever*.

**Stram., Rhus.** Secondary meningitis.

**Acon.** Fever. *Phlegmonous* erysipelas.

**Lach.** Dark purple. threatened gangrene.

**Hep. s.** Phlegmonous, to promote suppuration.

**Arsen.** Typhoid condition; disorganization of blood.

**Graph., Sulph.** To complete cure, and remove swelling.

**GENERAL MEASURES.** The best local treatment is application of cloths moistened in tepid water, containing *Verat. vir.*, tinct., a drachm to two ounces of water. As soon as evidence of suppuration in subcutaneous cellular tissue, make long and free incisions through the skin. After incising, apply poultice, and provide for *thorough drainage* and escape of pus. Do not expose skin to variations of temperature. Do not paint with collodion, unless inflammation of very *limited* extent. Dry flour or powdered starch dusted over will allay suffering from heat and pain. Give plenty of pure air.

**Diet.** Keep up strength by nourishing food, milk, broths, beef-essence. Cool drinks to slake thirst.

## ACUTE ARTICULAR RHEUMATISM.

**SYNONYM:** *Rheumatic Fever*.

**Prognosis.** Seldom fatal. *Unfavorable*:—Delirium and coma; scanty excretion of solids in urine; previously-existing heart-disease.

### LEADING REMEDIES.

**Aconite.** Intense febrile movement, pulse full and strong, great thirst, anxiety and restlessness; especially for inflammation of large joints, which are red, swollen, and exceedingly sensitive to contact.

"No remedy more adapted to rheumatism." *Hempel*.

**Bryonia.** Fever of adynamic form: the articular swelling pale, or dark red, and exceedingly painful, aggravated by contact or the slightest motion. Follows well after *Aconite*.

"A leading remedy for acute and chronic." *Baehr*.

**Rhus.** Adynamic fever, great restlessness, parts red and swollen, pains drawing, tearing, burning; feels worse when at rest, better on continued motion. Especially lower extremities, and when brought on by getting wet.

"Occupies a high place among the remedies for rheumatism." *Hughes.*

**Mercurius.** High fever, quick, hard pulse; obstinate inflammation of a single joint; puffy swelling, pale or light red; tearing, burning pains, deep-seated, as if periosteum affected, *much* worse at night; sour perspiration, without relief. Breath foul, tongue with thick, yellow coating, appetite gone. Very sensitive to cold.

**Pulsatilla.** Sub-acute cases, with little fever, the pains shifting frequently from part to part; pains violent, drawing and jerking. Not much redness or swelling. Chilliness.

"In subacute rheumatism, extremely useful." *Hughes.*

### SPECIAL REMEDIES.

**Sulphur.** Chronic rheumatism.

"Invaluable to prevent the lingering of convalescence, or the passing of the disease into a chronic form." *Hughes.*

**Caulophyllum.** Rheumatism of wrists and finger-joints, and of small joints.

**Actea.** Articular rheumatism of lower extremities; severe attack; sudden onset.

**Viola odorata.** Rheumatism of wrists in persons of highly nervous organization.

**Belladonna.** Red, shining swelling. Frequent doses at night for insomnia.

**Chin., Sulph.** Acute articular; fever of remittent type.

**Spigelia.** Carditis of rheumatic fever.

**CHRONIC RHEUMATISM.**—*Bry., Rhus, Rhod., Led., Puls., Dulc., Sulph., Merc., Kali hyd., Kali bi.*

**GENERAL MEASURES.** *Rest and warmth* are the cardinal principles in the treatment of rheumatism. Keep the patient *quiet*, in a *warm* bed and covered with soft *blankets*. *Do not let a draft of air strike him*, or let him get the slightest chill. Cover affected joints with raw cotton, keeping it on for days. Use no baths if skin acts freely; if, however, skin hot and dry, give patient hot pack. Examine the heart at every visit. If pain excessive, great relief will follow use of

R.	Carbonate of potash.	-	-	-	$\frac{7}{8}$ j;
	Tr. Opium,	-	-	-	$\frac{5}{8}$ vi;
	Warm water,	-	-	-	O j.

Mix.

Apply locally by a soft cloth, and cover with dry cotton. "I have seen so much relief follow its use that I should be sorry to deprive a sufferer of it." *Hughes.*

**Diet.** The use of beer, ale, wine, brandy, and all malt or spirituous liquors, must be *strictly prohibited*. Use no *sweets*. Lemonade is harmless.

## DROPSY.

**Arsenicum.** Great debility and prostration, anxiety, restlessness, emaciation, dyspnœa, burning thirst, œdema of face, hands and feet, and anasarca from disease of heart.

"Suitable in all forms of dropsy, more particularly that depending on heart-disease, and œdema of the lungs." *Baehr.*

**Apis.** Acute febrile dropsy; dropsy complicated with strangury, suppression, or other urinary disorder. Unabsorbed effusions after serous inflammation. Post-scarlatinal dropsy. Absence of thirst and suddenness of œdema indicate this remedy.

**Apoc. can.** Restores urinary secretion. Urine scanty, thick, yellow and turbid. Has cured hydrocephalus supervening on typhoid, and anasarca, hydrothorax and ascites. (Of no use in hydrocephalus from tubercular meningitis, or ascites from cirrhosis of liver.) Dose:—one to five drops of mother-tincture, or drachm doses of infusion of *fresh root*, an ounce to a quart of water.

"Has made many brilliant cures." *Hale.*

**Digitalis.** Small, feeble, irregular pulse, pale face, livid lips, distressing dyspnœa.

"Especially for cardiac dropsy. Must give large doses." *Hughes.*

"Valuable in almost every variety; often succeeds in most desperate cases." *Ruddock.*

**Bryonia.** Œdematous swelling of joints. Hydrothorax. Dropsy associated with chest symptoms—cough, dyspnœa, stitching pains in region of heart; disease of liver.

**Helleborus.** Urine scanty, dark-colored, depositing sediment like coffee-grounds. Useful in hydrocephalus, hydrothorax, anasarca, and dropsies following scarlet and intermittent fevers.

**Senecio.** Abdomen very tense, feet and legs swollen, urine scanty and high-colored, or, profuse and watery. With liver symptoms, from peritonitis, or abdominal tumors.

**China.** Dropsy from exhausting discharges. General debility, countenance pale or sallow; organic affections of liver or spleen.

**Aconite.** Recent febrile dropsies.

**Ferrum.** Anæmic or chlorotic females.

**Sulph.** Œdematous swellings following skin affections or suppressed eruptions.

**General Dropsy.** *Dig., Apis, Ars., Bry., Apoc., Senega.*

## DROPSY OF

**Heart.** *Dig., Spig., Ars.*

**Chest.** *Bry., Dig., Ars., Hell.*

**Joints.** *Acon., Puls., Bry., Iod.*

**Ankles.** *Ferr., Bry., Chi., Ars.*

**Brain.** *Hell., Apis., Merc., Bry.*

**Abdomen.** *Apoc., Ars., Chin., Crot.*

**Scrotum.** *Iod., Rhod., Puls., Graph.*

Dose:—"Dropsy requires to be treated with larger doses than almost any other disease." *Baehr.*

**GENERAL MEASURES.** If *abdomen* be so distended as to seriously embarrass respiration and heart's action, evacuate with trocar and canula, or aspirator. Introduce in mesian line, midway between navel and pubes. Draw a sheet around abdomen. and tighten it as fluid is *gradually* withdrawn. If legs are much swollen, the skin *tense*, make incision three-quarters of an inch long over each malleolus. Keep warm sponge, moistened in weak *Carbolic acid* solution, to each incision.

**Diet.** Give all the water that patient wants—large quantities of soft water beneficial. In renal dropsy a systematic course of skim-milk diet has proved beneficial. The patient should be well nourished, receiving a liberal quantity of nutritious, digestible food.

**Hygiene.** Warm baths and vapor-baths useful in promoting perspiration. The clothing should be warm, and the abode high and dry.

## DIPHTHERIA.

**PROGNOSIS.** Grave. *Unfavorable*:—Exudation dark, thick, extensive; extension to larynx or posterior nares; great fetor of breath; early pharyngeal paralysis; slow and *intermittent* pulse; persistent vomiting; epistaxis; great glandular swelling. The younger the child, the more unfavorable. *Favorable*:—Affected surface small. So long as exudation confines itself to fauces and anterior pillars of pharynx, and is not *thick* or *putrid*, prognosis favorable.

## LEADING REMEDIES.

**Belladonna.** Mild cases. Great dryness and redness of throat, with *high fever*.

"Suitable only in the beginning." *Raue*.

**Phytolacca.** Throat dry and swollen, difficult deglutition, exudation grayish-white, great prostration, high fever, *violent aching in back and limbs*.

"Acts in truly specific manner." *Hughes*. "My experience has been very favorable, giving it in one or two drops of the tincture." *Bayes*.

**Apis mel.** Great prostration from beginning, great œdema of throat and tonsils, surface glossy, and of purplish color, burning pain and dryness of throat, extending into ears, dirty-gray exudation, high fever, œdematous swelling of face and neck.

"I have seen striking results from it, and can commend it highly." *Hughes*.

**Kali bi.** Croupy cough, preceded by wheezing and panting, pain in chest, uneasiness in stomach, nausea, fauces covered with dirty-yellow exudation, which is tough, stringy and tenacious; discharge from nostrils of yellow, corrosive mucus.

"In *nasal diphtheria* I find it specific; in laryngeal, it does all that medicine can do." *Hughes*.

**Bromine.** Laryngeal diphtheria, the exudation beginning in larynx, or beginning in fauces and extending to larynx. Suffocating cough, with hoarse, whistling, croupy sound.

**Merc. iod.** Great swelling of parotid and submaxillary glands, tonsils much swollen, *putrid* sore throat. Cases marked by great putridity, with dirty coating on tongue, and foetid breath.

**Lachesis.** Small amount of exudation, throat purple, or livid, *prostration* very great, with weak pulse, cold, clammy perspiration.

**Merc. cyan.** *Malignant diphtheria*; the disease comes on suddenly, develops quickly, and patient is rapidly prostrated. Putrid sore throat, the exudation dark-gray, thick and putrid, occupying whole throat, and extending to nasal fossæ.

**Muriat. ac.** Exudation gray, breath foul, lips dry, blackish and cracked, tongue *dry*, the membrane begins to invade the larynx and nose, from which there is a darkish, fetid discharge; extremities cold, pulse weak and compressible, general prostration.

"It has some efficacy when symptoms of blood-poisoning are present." *Hughes.*

**Kali perman.** Breath very foul, general and excessive prostration, foul exudation over fauces, with extension into *nasal fossæ*, with thin, excoriating *discharge from the nose*. Septic forms.

**Cantharis.** Excessive pain on swallowing; throat looks as if blistered, expectoration of blood, extreme prostration; sinking turns. Cold extremities. Scanty urine, with albuminuria.

"It has served me well." *Hughes.*

## GARGLES AND SPRAYS.

**Alcohol.** Diluted with three parts water. Use as gargle.

**Kali perman.** Grs. iv. to aqua  $\text{̄viiij}$ . Use as gargle when exudation is putrid, breath foul, or thin discharge from nose.

**Liquor calc. chlor.** Use in atomizer as spray to throat.

"Of virtue in the most malignant cases." *Neidhard.*

**GENERAL MEASURES.** Quarantine patient, if possible, in a light, airy, upper room. Send other children from the house. Keep sick-room *well ventilated*. Temperature 70°. Throw all soiled rags into the fire; disinfect all soiled linen. Do not inhale patient's breath, *or let a piece of the membrane come in contact with a mucous or abraded surface*.

Absolute rest in *recumbent* posture necessary. Early in disease let patient take bits of ice in mouth. Later, use steam atomizer, and at frequent and regular intervals let

patient inhale the vapor. If secretions are putrid, the anti-septic gargles and sprays must be used at *frequent* intervals in order to be of benefit. Keep nasal cavities *clean*. Put *Chlorine-water* into the spray-cup of atomizer. In convalescence, danger of paralysis of heart on over-exertion. Patient should not attempt to swallow *solid* food till muscles of pharynx fully restored. In adynamic cases do not use cold drinks or cold applications.

**Diet.** Highly important to keep patient *well nourished*. Begin early. Give to patient all the *milk* that he can be induced to take—iced, boiled, warm from cow, or in any way to suit his fancy. Occasionally give a glass of milk with a beaten-egg in it. Beef-tea and coffee *better* as stimulants than alcohol. Make a cup of strong coffee, add scalded milk one-half; sweeten to taste; beat yolk and white of an egg together, pour the hot coffee and milk over them, and serve. This is very *nourishing* and *stimulating*. If patient *cannot* swallow food, *must* be nourished by enemata. Give plenty of water to slake thirst. Ice-cream and water-ices may be given freely, only taking care not to chill the stomach.

## ASIATIC CHOLERA.

**SYNONYMS:** *Serous Cholera; Malignant Cholera.*

**PROGNOSIS.** Always grave. Varies, however, according to the period of the epidemic, as it is most deadly at the commencement of an epidemic, whereas those occurring later in its course are more apt to be followed by recovery.

**COMPLICATIONS.** Suppression of urine; gastritis and enteritis; pulmonary congestion; meningitis; sloughing of the cornea; abscesses over the body; coagula in right heart or pulmonary arteries; hæmorrhage of bowels.

### LEADING REMEDIES.

**Camphor.** *Early* in the attack. Patient suddenly loses strength, and looks pinched and blue; the skin becomes very cold, the voice deep and husky; the skin shrivels. Intense distress and anguish at pit of stomach and burning in the bowels, the patient tossing in agony; sometimes nausea and vomiting, but generally the evacuations both up and down are moderate and infrequent. **DOSE:**—"Give the patient three to five drops of the tincture, on a little sugar, every five minutes, and in the intervals assiduously rub him on the neck, chest, and abdomen with the same medicine, until the icy coldness of the body gives place to a return of vital warmth." *Hahnemann.*

"It is our firm belief that *Camphor* is an almost infallible remedy if given from the very onset." *Dr. Russell.* "Very few of the cases went into collapse when *Camphor* was given in the first stage." *Dr. Proctor.*



**Verat. alb.** Cases marked by *excessive vomiting and purging, with violent abdominal pains*. Especially indicated when attack commences with vomiting and purging. Pale and sunken countenance; hollow eyes, with blue margins: repeated and violent vomiting, with frequent, copious, watery, rice-water evacuations. Violent colic, especially about the umbilicus. Dose:—"Almost all observers agree in recommending the lower preparations, even the strong tinctures, frequently repeated." *Baehr*.

**Arsenicum.** *Sudden and extreme prostration, vanishing of the pulse, great dyspnœa, inexpressible anguish, constant tossing about, violent thirst, yet the least quantity of liquid is thrown up immediately; burning distress in region of stomach, complete suppression of urine.*

"The medicine most trusted in collapse." *Hughes*.

**Cuprum acet.** Loss of consciousness, spasmodic cramps of fingers and toes, audible gurgling of liquids down the œsophagus, ineffectual efforts to vomit, the diarrhœa has ceased, but loud gurgling in bowels, indicating paralysis of intestines. Symptoms indicating general paralysis of organism. Also recommended as prophylactic. Give doses of the remedies at frequent intervals.

### SPECIAL REMEDIES.

**Hydroc. acid.** Pulselessness, respiration slow, deep, gasping, taking place at long intervals.

"It would seem at times to restore animation to a corpse." *Dr. Russell*.

**Secale, Phos.** Profuse, watery stools, after violence of attack is past.

**Phos. ac., Rhus.** Supervening typhoid condition.

**Tereb., Canth.** For continued suppression of urine, if *Ars.* fail.

**GENERAL MEASURES.** Place patient immediately in warm bed. Keep him at perfect rest on his back, and surround him with hot bottles. Make friction with warm flannels. The room should be warm, but well-ventilated. No food can be taken. Enemata of warm milk, even though rejected, are beneficial.

Use antiseptic precautions in disposing of discharges and of soiled linen, as directed in Typhoid Fever, p. 7.

**CONVALESCENCE.** A return to ordinary diet must be gradual, as an attack of indigestion may excite relapse. Give *no solid food* till stools are consistent and fecal. Begin with milk, thin gruels, chicken-broth, and digestible, liquid food.

**PRECAUTIONS.** Close all surface-wells and those in vicinity of drains and cesspools. Remove all filth, and use disinfectants freely. Corpses should be *immediately* placed



in coffin containing mixture of lime, charcoal and carbolic acid, and at once disposed of by burial or cremation. In cholera season direct your patients to observe regular habits in all things. All drinking-water must be boiled and filtered. Give strict attention to the first appearance of a diarrhoea.

## CHOLERA INFANTUM.

**PROGNOSIS.** Uncertain. *Favorable*:—Cessation of vomiting; diminution in frequency and quantity of discharges; quiet, natural sleep; even temperature of body and limbs; diminution of thirst; returning appetite.

*Unfavorable*:—Extreme restlessness and agitation, or, early apathy, stupor, or convulsions; incessant and obstinate vomiting; excessive frequency and copiousness of stools; Hippocratic countenance; extremities cold, blue and shrunken. To detect earliest loss of flesh, examine inside the thighs.

## LEADING REMEDIES.

**Verat. alb.** Vomiting and purging, the latter predominating. After vomiting or purging, *great exhaustion, cold sweat on forehead.* Severe colic. Stools profuse and watery.

"A remedy of great value, and one very often required." *Bell.*  
 "The chief remedy." *Jousset.*

**Ipec.** Vomiting, and *almost constant nausea.* Stools grass-green, or white, with fermented appearance, like yeast. Colic and sick stomach before and during stool.

"*Verat alb.* and *Ipec.* are undoubtedly the most important of all remedies." *Raue.*

**Arsen.** *Great prostration, extreme restlessness and unquenchable thirst.* Cold extremities, face pale and cadaveric, skin dry and shrivelled. Stools thick, dark-green, or dark, watery, offensive.

"The symptoms which most clearly distinguish it are the characteristic thirst and restlessness." *Bell.*

**Croton tig.** Yellow, watery stool. Aggravation from food and drink. Stools expelled suddenly and with great force.

"Its proper application will render success certain and brilliant." *Bell.*

**Podoph.** Gagging and empty retching, without vomiting. Moaning, with half-closed eyes and rolling head from side to side. Stools profuse, *painless*, watery, with meal-like sediment.

"Ranks among the first to be referred to." *Bell.*

**Merc.** Dark-green stools, slimy or bloody, frequent, excoriating and scanty, with tenesmus, and colicky pains. Tongue coated, swollen, soft and flabby.

**Camphor.** Attack very sudden. Great and rapid sinking. Child in stupor, utter prostration, face pale, livid, purple, icy cold. Vomiting and purging sometimes absent.

**Æthusa.** Child lies in an unconscious state. *Grave symptoms*—thumbs clenched, eyes fixed and staring, pupils dilated, great prostration, continual gagging, great frequency of stools. Symptoms of hydrocephaloid.

“Suitable to a severe form of cholera infantum.” *Bell.*

**Aconite.** Early in attack, with hot skin, quick pulse, thirst, restlessness, high fever. Stools green, watery, with cutting pain and tenesmus.

“Only useful in very beginning.” *Bell.*

**Belladonna.** Hot head, flushed face, cold feet, great dryness of mouth and lips, *great drowsiness*, with sudden starting during sleep. Stools green.

**Calc. carb.** Sour vomiting, open fontanelles, old-looking, wrinkled face. Profuse sweat on head during sleep, cold extremities, emaciation, bloated abdomen. Stools whitish, watery.

“The stools of less importance than the person and concomitant symptoms.” *Bell.*

**Apis mel.** Tongue dry and shining. *No thirst.* Skin hot and dry. Stools greenish, yellowish, slimy mucus. Abdomen tender to pressure. Symptoms of hydrocephaloid:—Stupor, interrupted by shrill cries, head hot, eyes red, hands cold and blue, abdomen tender, sunken, urine suppressed.

“One of our most precious remedies, corresponding to a low and dangerous condition.” *Bell.*

**GENERAL MEASURES.** Keep the child in a *cool, shaded* place, and let it have *an abundance of fresh air*. Avoid close, ill-ventilated apartments. No matter how sick it may be, take it riding, or, if possible, boating on the water. *Cool, fresh, pure, air* necessary to recovery. Give it frequent, cool sponge-baths, or full baths, putting it into water at 85°, and gradually cooling it down to 75° F.

**Diet.** Of highest importance. If child cannot nurse at the breast, its food should consist of *fresh, pure*, milk, diluted with barley-water and lime-water. (*Vide* Article “Infant Diet.”) If there be great debility and prostration, give beef-tea, or wine-whey. Use no starchy foods whatever. If sufficient food cannot be taken by stomach, use inunctions of oil to abdomen and extremities. If water be rejected from stomach, baths will supply fluid for the blood, and bits of ice slake thirst. *Absolute* cleanliness of bottle, and *absolute* purity of milk and other food, will accomplish all that can be in this direction.

## DIABETES MELLITUS.

**Phosphoric acid.** Frequent urging to urinate, pain in the loins, emaciation and prostration. Particularly valuable in cases of *nervous origin*. DOSE:—1x diluted, several times a day.

“Stands in the highest place among the remedies for diabetes.” *Hughes.*

**Uranium nitrate.** "Cases originating in dyspepsia or assimilative derangements. Excessive thirst." Dose:—"The practitioners who have employed it, have generally given strong and increasing doses of the first-decimal trituration." *Hughes.*

**Arsenicum.** Insatiable hunger, unquenchable thirst, pale skin, loss of strength, dryness of mouth and throat, excessive urination; watery diarrhœa.

CONSULT—*Helonin, Kreasote, Plumbum, Argentum nit.*

**Diet.** Must be free from starch and sugar. Exclusive milk-diet often benefits. Gluten bread must be substituted for that made of white flour.

**AVOID.** *Vegetables.*—Arrow-root, asparagus, bread, biscuit, beans, beets, crackers, carrots, maccaroni, oat-meal, pastry, potatoes, peas, rice, sago, sugar, turnips, tapioca, vermicelli.

*Fruit.*—Apples, grapes, pears, bananas, peaches, plums, pineapples, raspberries, and other sweet fruits.

*Beverages.*—Wine, beer, brandy, ale, cider, and all *alcoholic* and *sweet* drinks.

**ALLOWABLE.** *Vegetables.*—Artichokes, cabbage, celery, cresses, cucumbers, olives, greens, lettuce, pickles, spinach, mushrooms.

*Fruits.*—Lemons, cherries (sour), currants, gooseberries, strawberries, and acid fruits generally.

*Meats.*—Beef, mutton, poultry, game, fish, oysters, cheese, eggs, etc.

Gratify the thirst by an abundance of soft water.

**GENERAL MEASURES.** The diabetic should be warmly clad in flannels, and avoid cold winds, and exposure of all kinds.

## LITHÆMIA.

**SYNONYMS:** *Lithiasis; Uric-acid Diathesis.*

**CAUSES.** Over-indulgence in stimulants, or rich, nitrogenized food, with sedentary life.

**REMEDIES.** *Plumbum, Nux v., Lycopodium, Sepia, Sulphur, Hepar s., Calcarea e., Podophyllum, Hydrastis, Arsenicum, Nitro-muriatic acid.*

**Regimen.** *Active out-door exercise!* Daily salt-water sponge-bath. Keep warmly clad, and avoid chill.

**Diet.** Highly important. Avoid meats, oysters, eggs. Adopt mixed *vegetable* diet. *Celery* said to be especially beneficial. Use *no stimulants*—wines, brandy, ale or beer. Use no pastries, *sweets*, or anything which will cause indigestion. Avoid late dinners and late suppers. Eat slowly, and masticate thoroughly. Drink an abundance of pure, soft water. Vichy water has cured.

## PART II.

## OBSTETRICS.

## ABORTION.

## LEADING REMEDIES.

**Sabina.** Threatened abortion in the *early months* of pregnancy. Sensation of heat and soreness in the womb, with drawing pain from the back through to the pubes. Sometimes succeeds even if pains and a red discharge have set in.

"One of the best remedies we have to prevent abortion." *Guernsey.*

**Secale.** Threatened abortion in the *later months*. Even when decided hæmorrhage is present, ten-drop doses of tincture every three or four hours check it, pregnancy going on to full term. Copious flow of black, liquid blood, worse from slightest motion.

"*Secale* and *Sabina* most in repute for correction of the habit of abortion." *Hughes.*

**Actea.** Rheumatic subjects. Irritable uterus. Complains much with even slight pains.

"Has been successfully used to prevent habitual abortion." *Hale.*

**Caulophyllum.** *Severe* pains in back and loins; uterine contractions feeble, slight flow.

**Viburnum.** Given before membranes are injured, when pains are spasmodic, often succeeds.

**Arnica.** When from fall, blow, or other injury.

**Ipec.** Nausea, discharge of bright-red blood, faintness.

**Morph. sulph.,** by hypodermic injection, when symptoms are *urgent*, will sometimes succeed when it is too late to accomplish anything by other drugs. **Dose:** One-eighth to one-quarter grain. Repeat if necessary. **Deodorized Tr. Opium,** by rectal injection, keeping woman quiet on her back for days, sometimes tides over.

**Predisposition** to abortion may often be corrected by administering the appropriate remedy. **Dose,** twice daily, from cessation of menses until after the period at which the accident has before occurred. *Apis., Caul., Actea, Helonias, Sepia, Sulph.,* will be found particularly useful.

**GENERAL MEASURES.** In subjects of *habitual* abortion, build up general health and strength by generous diet, systematic exercise, an abundance of fresh air, and regular bathing. All tendency to cough, indigestion, diarrhoea or constipation, rheumatism, irritable bladder, ovarian disease, or other malady, should be corrected by appropriate medication.

Should miscarriage *threaten*, direct patient to lie down *at once*, on a bed having a *hard* mattress, with *light* covering over her. In this position she must remain at *perfect rest*, avoiding all motion, and mental excitement. Keep the apartment *cool* and *quiet*. Whatever food is taken must be *plain* and *unstimulating*, such as tapioca, rice, toast or milk; beverages should be *cold*.

**MISCARRIAGE.** If the womb lose the fruit of conception prior to seventh month, it is called *miscarriage* after that period, *premature labor*. The latter is to be treated as labor at full term. If sac ruptured in early months, *liquor amnii* escapes, and, of course, repair cannot take place, so that there will be constant leakage, and abortion is hard to prevent; but the threatened catastrophe *may* be averted by long-continued *rest*.

**Signs.** Increasing frequency and severity of pains, continued flow, and, especially, protrusion of *ovum*.

**TREATMENT.** *Tampon* immediately. *Never tampon vagina after the seventh month.*

The best *tampon* consists of pledgets, or small balls, of raw cotton, each one tied with a string, one end of which should protrude, to facilitate removal. Or, a soft silk or cambric handkerchief may be employed, inserting first one corner, and gradually stuffing in the entire kerchief. *All tampons* should be well oiled before insertion, using carbolized oil.

Do not leave *tampon* in longer than twelve hours. When it is removed, the entire contents of the womb will probably be expelled. If not, repeat, first washing out vagina with carbolized water. *Examine carefully* all clots which come away, to see if they contain the *entire ovum*.

*Profuse hæmorrhage* is to be treated by the *tampon*, cold, and the appropriate drug, or injections of hot water (120° F.).

If a portion of the *ovum* or placenta remain in the uterus, take measures to bring it away *without delay*. Depress the uterus, with one hand placed above the pubes, and attempt its withdrawal with the finger of the other, using gentle, yet persistent effort. Failing in this, use the placental forceps, or blunt-hook. If the mass be allowed to remain, there is danger of secondary hæmorrhage, or of septicæmia. *After-treatment*, as after labor.

DURATION OF PREGNANCY.

DIRECTIONS:—Find in upper horizontal line date on which last menstruation ceased; the figure beneath gives date of expected confinement (280 days).

Jan.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Nov.
Oct.	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	
Feb.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28				
Nov.	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	1	2	3	4	5				
March	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Dec.
Dec.	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	Jan.
April	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30		Feb.
Jan.	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4		
May	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	March.
Feb.	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	1	2	3	4	5	6	7	
June	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30		April.
March	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6		
July	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	May.
April	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	1	2	3	4	5	6	7	
Aug.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	June.
May	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	
Sept.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30		July.
June	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	1	2	3	4	5	6	7		
Oct.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Aug.
July	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	
Nov.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30		Sept.
Aug.	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6		
Dec.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Oct.
Sept.	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	1	2	3	4	5	6	7	

## PARTURITION.

TAKE TO CASE OF LABOR — Forceps, soft-rubber catheter, *Ergot*, *Chloroform*, *Ammonia*. For *perineorrhaphy*—curved needles, silver-wire or silk sutures, blunt-pointed scissors. For *craniotomy*—perforator, craniotomy-forceps; decapitating hook.

EXAMINATION. *Observe*—condition of bladder and rectum; vagina, and os and cervix uteri; condition of membranes; pelvic capacity; determine presentation and position. Make out *presentation* before membranes rupture. Do not press on membranes *during* a pain.

RIGID OS UTERI. *Aconite*. Os hot, dry and sensitive, patient feverish and restless.

*Belladonna*. Spasmodic rigidity of the muscular fibres of the cervix.

*Gelsemium*. Give five to ten drops of *Gels.* in a cup of hot water, in divided doses.

"It often acts like magic in producing dilatation and promoting labor." *J. S. Douglas*.

LOCAL. Apply *Belladonna* cerate. Warm vaginal injections. Digital dilatation.

TOUGH MEMBRANES. Notch the finger-nail like a saw, and rub it to and fro on the bag until it gives way.

TUMEFACATION OF ANTERIOR LIP. In interval of pains press tumor up above crown of the head, and keep it there during two or three pains, until it is fully retracted.

CYSTOCELE. Evacuate bladder by means of soft-rubber, or silver (male) catheter, or, failing in this, use aspirator to draw off contents.

HYMEN. Make crucial incision, if spontaneous rupture does not occur.

RIGID PERINEUM. Apply hot fomentations.

*Ergot*. *Use of, in labor*:—*Ergot* should be given to facilitate labor *only* if the parts are fully dilated, position normal, and head presenting at outlet.

## PROLAPSE OF CORD.

(*Frequency*,—1 in 300 or 400.)

If there be *no pulsation* in cord, do not interfere. Otherwise, place patient in knee-chest position, and, if possible, reposit cord well into uterus with the hand, or by means of a loop of tape attached to the end of a gum-catheter. Failing in this, terminate labor quickly as possible by the forceps.



## PLACENTA PRÆVIA.

(Frequency,—1 in 500.)

Place woman on back. hips elevated, shoulders low, and pack the vagina well with the tampon. Do not leave tampon in longer than ten hours. Attend to bladder. If parts dilated or dilatable, and presentation of placenta is complete, perform podalic version, and terminate labor soon as possible. Oil the hand, and pass it *between* the placenta and uterine walls, search for feet, rupture membranes, turn and deliver.

## POST-PARTUM HÆMORRHAGE.

As soon as it is discovered that the woman is "flooding," quickly but carefully pass hand into uterus, and *turn out all clots*, fragments of placenta, etc., *clearing* the uterus of all contents—grasp *fundus* with other hand (previously dipped in cold water, if this can be done *without* delay), and have nurse pour a small quantity of cold water onto abdomen from a height of several feet. As quickly as possible follow this by passing nozzle of a syringe into cavity of uterus, and inject a stream of hot water—110 to 115° F. If delay would be too great in providing for hot-water injection, use cold water, or, pass a piece of ice into uterus.

As soon as hæmorrhage has been sufficiently controlled, to guard against *recurrence*.—lower shoulders and elevate hips; tie bands about the extremities, as near to body as possible (let them be *snug*, but not *too tight*); put on snug binder, with compress over uterus; give indicated remedy—*Ipec.*, *China*, *Secale*, *Sabina*, etc., according to indications on p. 110.

If alarming flow *persist*, compress abdominal aorta to left of spine, on line with umbilicus, or, as *last resort*, inject into uterus solution perchloride of iron—*two ounces to one pint* of water. This—preferably by means of a *fountain syringe*—should be slowly and gently injected through the uterus, previously seeing that it is clear of clots. *Transfusion* often successful in restoring the woman, when exsanguine.

## VERSION.

**PODALIC.** Best performed before rupture of membranes. Os must be dilated or dilatable. Evacuate bladder and rectum. Anæsthetize patient. Bring hips to edge of bed. Bare the arm, and anoint arm and hand, *except* the



palm. Use the hand whose palmar surface corresponds to face of child. Work *between* the pains. With one hand on abdomen, introduce other into vagina, pass it on between membranes and uterine walls, carefully search for feet, rupture membranes, grasp one foot and bring it down, at the same time pressing head upward with other hand, to aid the *turning* process. After breech has become engaged, labor may be at once terminated, or left to the efforts of nature.

**COMBINED METHOD.** To be employed when os is but slightly dilated. Introduce one or two fingers of one hand into os, with other hand on abdomen. Determine location of head and breech, and, by combined action of the two hands, gradually "work" the head downward and the breech upward, until head is brought to present at the os, when membranes should be ruptured.

**When Required.** Version is called for in placenta-prævia, prolapse of cord, transverse presentation, presentation of arm, death of mother, rupture of uterus, convulsions, or any state in which speedy delivery is demanded.

## FORCEPS DELIVERY.

Parts must be dilated or dilatable. Evacuate bowels and bladder. Anæsthetize patient, unless the child's head is at outlet, when it may not be necessary. Immerse blades in warm water. Have woman lying across bed, with hips at edge, thighs separated, and held by assistants. Rupture membranes, if still intact. Anoint *convex* surfaces of blades with lard or oil. Take position between separated limbs of patient. Take *male blade* into *left* hand; hold it almost upright; pass two fingers of the *right* hand short distance within cervix, on the woman's *right* side, between foetal head and uterine wall, then introduce point of blade along inside of fingers, and pass it, gradually lowering the handle, until the convexity of the child's head is well grasped by the fenestrated portion of the blade; depress handle near to perineum. Now take *female blade* in *right* hand, and, beginning with blade upright, in similar manner, but by reversed movements, pass blade in *right* side of vagina and cervix, bring handle down, and lock the two. Proceed *gently*, and use *no force*.

**Traction.** As a rule, make traction only during a pain. The *direction*, if head is *high*, should be *first downwards*; but, as head gradually descends, more and more *upwards*, until just before the head escapes from the vulva, when traction is almost at right angles with the long axis of the woman's body. *Generally*, the direction in which the blades point determines the line of traction.

## CRANIOTOMY.

Place patient in position as for application of forceps. Evacuate bladder and rectum. Pass fingers of left hand up to foetal head, and carefully pass *perforator* along palmar surface until it reaches head, taking care that none of the maternal soft parts be injured. Perforate cranium, break up and evacuate its contents. *Expulsion of child* may sometimes be effected by the forces of nature. If not, apply craniotomy forceps and deliver much the same as in ordinary forceps case.

## TWINs.

As soon as first child is born and separated from mother, apply binder about abdomen, and wait for expulsion of other. Do not attempt removal of placenta of first until after birth of second. If the two placenta remain in vagina, twist cords together and deliver in ordinary manner.

## ASPHYXIA OF THE NEW-BORN.

Clear air-passages of mucus, etc., with finger wrapped with handkerchief, the child being inverted. Provide for supply of fresh air. Make upward friction on lower limbs. Sprinkle face and chest alternately with hot and cold water, or, slap buttocks. If not very soon successful, resort to *artificial respiration*. Infant on back—draw tongue forward—carry arms well above the head, then bring them down to the sides, with elbows flexed, and press against sides of chest. Repeat about twenty-five times per minute. As soon as respiration restored, apply heat to body and extremities, and give five drops of brandy in half a teaspoonful of milk and water.

## RETAINED PLACENTA.

If due to *uterine inertia*, grasp fundus through abdominal walls, and manipulate to excite contractions. If placenta *adherent*, pass hand into uterus and gently and carefully detach. Leave no fragments. See to it that uterus is firmly contracted afterwards. Follow by antiseptic injections. If from *hour-glass contraction*, insinuate hand, in conical shape, into ring, and gradually and steadily overcome resistance of circular uterine fibres. Inhalations of *Amyl nitrite* will aid.

## PUERPERAL ECLAMPSIA.

(Frequency, 1 in 500.)

## LEADING REMEDIES.

**Belladonna.** Convulsive movement of limbs and muscles of the face; dilated pupils, red or livid countenance, fixed or convulsive eyes, foam at the mouth, involuntary escape of urine and fæces; renewal of the fits at every pain; more or less tossing between the spasms, or deep sleep, with grimaces, or starts and cries, with fearful visions.

"If the patient is actually in a convulsion, or the fits are recurring rapidly, *Bell.* is the classical remedy." *Hughes.*

**Gelsemium.** In those cases in which the spasms occur with a *rigid os uteri*. Dose:—Five drops of tincture.

**Veratrum vir.** Great arterial tension, with full, hard bounding pulse. Dose:—Three drops of tincture.

**Hyoseyamus.** Bluish color of face; twitching and jactitation of almost every muscle in the body—of face, eyelids, and all. Almost constant delirium.

"A valuable remedy when due to reflex excitability." *Hughes.*

**Aconite.** Hot, dry skin, thirst, restlessness, cerebral congestion; general plethora.

"Acts like a charm." *Guernsey.*

**Opium.** Sopor, with stertorous breathing; incoherent wanderings, with redness, swelling and heat of the face.

**Chamonilla.** From mental emotion, excited by a fit of anger. Great excitability.

**GENERAL MEASURES.** Remove all sources of irritation; empty bladder and rectum. Place piece of rubber, or similar substance, between the teeth. If all other means fail, give *Chloroform* to control paroxysms, and terminate labor as soon as possible. If urine albuminous, and convulsions are *uræmic*, then too the pressure on the ureters must be relieved by *emptying the uterus*. If convulsions *persist*, and cervix unyielding, *incise it*.

## PUERPERAL MANIA—ACUTE.

**Stramonium.** *Furious rage.* Loquacious delirium, throwing off the bedclothes, nymphomania, lascivious talk.

"In puerperal mania, it stands highest among remedies." *Hughes.*

**Belladonna.** Paroxysms of rage; insomnia; marked congestion of the brain, with eyes bright and shining.

**Hyoseyamus.** Delirium of mild type. Incessant, incoherent talking.

"Simple mania, characterized more by agitation than excitement, due to the existence of obscure illusions and hallucinations." *Lawson.*

**Cannabis ind.** Mental delusions of an exalted character.

**GENERAL MEASURES.** If woman suffer from *insomnia*, and mania threatens, or has already set in, it is important that she should have *sleep*. If other methods fail, give *Chloral*, grs. xx, at bed-time. If blood impoverished, give abundance of easily-digested, highly nutritious food, fluid in form.

## AFTER-PAINS.

### LEADING REMEDIES.

**Arnica.** Violent pains, with bruised, sore feeling, pressure on the bladder, and retention of urine: after difficult labor.

**Gelsemium.** Numbness of extremities, uterine cramps extending upward and backward. Use drop doses of tinct.

"The medicine on which I am accustomed to rely." *Hughes*.

**Actea.** Rheumatic subjects; excessive irritability, and over-sensitiveness. *Macrotin* acts very promptly.

**Cauloph.** After protracted and exhausting labor. *Spasmodic* pains across lower part of abdomen, extending into groin.

**Belladonna.** Severe bearing-down, as if everything would protrude; pains appear and disappear suddenly; the least jar hurts her.

**Chamomilla.** Great nervous excitability, pains *very distressing*, rendering patient irritable and ill-natured.

**Coffea.** Great sensitiveness, with nervous excitability, pains *driving to despair*; wakefulness.

**Secale.** Pains *long and severe*.

**Ignatia.** Cramplike, with sadness and sighing.

**GENERAL MEASURES.** Hot fomentations over abdomen, or warm vaginal injections, sometimes relieve. If due to clots retained in uterus, make pressure on fundus, and evacuate contents.

As a rule, do not attempt to check after-pains for at least six hours after delivery, as they are often merely caused by efforts of the uterus to expel clots or portions of membrane.

## LACERATION OF PERINEUM.

**Prevention.** Freely lubricate perineum, with cosmo-line, oil or lard, internally and externally. With two fingers in dilated anal orifice, and the thumb on crown of child's head, make pressure upwards and forwards, towards pubes.

**Frequency:**—Average of six observers, 27 *per cent.* of all cases; more frequent in primiparae than in multiparae. Examine for it after every labor.

**OPERATION.** *Immediate.* As soon as placenta delivered, cleanse vagina, and, if laceration *slight*, tie knees together. If considerable, cleanse thoroughly, bring wound together by interrupted silver-wire sutures, 3 or 4 to the inch. Enter suture about an inch from cutaneous margin of wound, bringing it out on mucous membrane of vagina, very near raw surface, carry to other side, bring together and twist ends.

*Secondary.* Patient should be in good health. child weaned; time, few days after monthly period. *Instruments:* Scalpel; scissors, curved on flat; long, rat-toothed forceps; blunt-edged perineum needle; surgeon's needles, curved; silver-wire; needle-holder; flexible catheter.

Patient etherized; lithotomy position: labiæ held apart by hands of two assistants; shave hair from part; two fingers in rectum, draw surface tense, begin in *angle* of fissure, next to rectum, and freshen surface in triangular shape, by snipping with scissors and deundung with knife; torsion bleeding arteries; be sure that *entire* area of surfaces to be brought into apposition, is freshened. Success depends on care with which sutures are applied. Pass perineum needle from cutaneous surface, deeply through tissues, and bring point out on vaginal surface, close to edge of wound—charge the eye of needle with end of suture, and withdraw needle, unthread it, pass it through fold on opposite side, thread it with vaginal end of wire, withdraw needle, carrying the suture in its track. Beginning at angle, pass sutures at regular intervals, 2 or 3 to the inch; coapt parts, and secure ends by twisting, leaving long ends, which are to be brought together and secured in a short piece of rubber-tube.

**AFTER-TREATMENT.** Draw the urine, put pad between knees, and bind them together. Pass catheter three or four times daily, and keep vagina clean by mild *Carbolic* injections. Draw urine with care, and hold piece of lint to catch any drip. Protect parts by free use of *Calendula* ointment, prepared with *Vaseline*. Regulate diet so as to restrain action of bowels for 5 or 6 days. Remove sutures, *with great care*, on seventh day, and let knees remain bound together for week following; after that, only at night. Patient should not assume upright position for two weeks.

## LACERATION OF CERVIX.

**Prevention.** “With adequate dilatation there can be no laceration. The indications are, to procure early, prompt and thorough dilatation, by means of fingers and forceps. If expulsive efforts set in before cervix is suffi-

ciently dilated, urge patient to restrain voluntary efforts; oppose rapid expulsion by pressure against presenting part, and divert its movements in proper channel." *R. N. Foster.*

**TREATMENT.** *Indicated.*—When it is the cause of sub-involution, neuralgia or other serious ill-health. Do not operate if pelvic peritonitis or cellulitis present, as indicated by tenderness in neighboring connective tissue, on pressure with finger.

*Preliminaries.*—Large hot-water vaginal injections, once or twice daily, for several weeks; scarification of cervix if mucus follicles enlarged and cystic.

*Instruments.*—Vaginal douche; Sims' speculum; volsella; double tenaculum; bistoury and scissors; dissecting forceps; short needles, straight and curved; needle-holder; medium silver-wire sutures.

*Time.*—The week following the menstrual flow.

**OPERATION.** Patient anæsthetized; lithotomy position; large, carbolized, hot-water vaginal injection just before operation; dilate vagina, with speculum; draw down cervix with volsella or tenaculum; approximate edges of cleft to see how much tissue must be removed; now open cleft with double tenaculum, in hands of assistant; with long-handled, curved scissors, freshen edges of cleft, in **V**-shape, broad end in angle of cleft, narrow towards external os; hook up portion to be removed with small tenaculum, and keep it on stretch while it is being separated, and, if possible, remove it in single piece from side to side; get rid of *all cicatricial tissue*, particularly in angle of cleft, using bistoury, but looking out for *circular artery*, near vaginal junction, where tissues must be removed very superficially. If much bleeding during operation, hot-water injections, from time to time, will check. Let *undenuded* portion, which will form walls of future cervical canal, be *broad*, and of uniform size and shape.

*Sutures.*—If tissues *soft*, round needle; if *dense*, *lance-pointed*; sutures *eight inches* long; introduce *upper* one first,—three or four for each side; pass *beneath* one, denuded portion, *across* fissure, then *beneath* other. In double laceration, pass sutures of both sides before tying any. Tie sutures *from above downwards*. Make accurate approximation of vaginal edges. Remove sutures, *carefully*, on seventh day—*uppermost* one first.

**AFTER-TREATMENT.** Confine patient to bed for two weeks; empty bladder by catheter for 48 hours; after that, water injection after every act of micturition. If much discharge, warm, carbolized injection once or twice daily.

## PHLEGMASIA DOLENS.

## LEADING REMEDIES.

**Aconite.** Fever, high temperature, rapid pulse, restlessness, thirst.

**Belladonna.** Skin moist, sharp pains in leg, cerebral congestion.

**Bryonia.** Sharp, shooting pains, aggravated by least motion.

**Pulsatilla.** Thirstlessness, and in the characteristic subject. If patient not doing well under other remedies.

**Hamamelis.** When symptoms depend on phlebitis extending from uterine into crural veins.

**GENERAL MEASURES.** Leg more elevated than thigh; straight or bent, as is more comfortable to patient, supported on cushions. Apply *Hamamelis* fomentations, wrap with cotton-wool, and cover with oil-silk. After acute stage past, bandage from toes to hip with roller, as long as œdema lasts. Watch for collections of pus, and, if found, evacuate at once. As recovery approaches, use friction and faradization. Do not use leg until all disease has disappeared.

## PUERPERAL FEVER.

## LEADING REMEDIES.

**Aconite.** If there be chill, followed by high inflammatory fever, with hot, dry skin, quick, hard pulse, mouth and tongue dry, great thirst, vomiting, urine scanty, red and hot, cutting, burning, lancinating pains in uterus and abdomen, which is hot to touch, and excessively sensitive to slightest pressure.

"I believe it to be a most valuable remedy." *Dr. W. S. Playfair.*

**Verat vir.** Early stage only. Nausea and violent vomiting, empty retching, much congestion of the head, full, hard pulse. By some preferred to *Aconite* for the first signs of congestion, inflammation, and fever.

**Belladonna.** Intense congestion, painful retching and vomiting. Abdomen excessively sore and painful, cannot bear the *slightest* jar, violent clutching pains in abdomen, with great heat, meteorism, painful bearing down in pelvis, suppressed lochia; congestion of head, with flushed face and red eyes, throbbing headache and delirium.

"When the inflammation attacks the peritoneum, *Bell.* most frequently required." *Hughes.* "An excellent remedy for the vomiting." *Baehr.*

**Bryonia.** If peritoneum involved, and exudation has begun. Stitching, lancinating pains in abdomen, worse



from slightest motion, lochia suppressed. Digestive organs much involved, though without vomiting or diarrhœa. Fever not very violent.

**Colocynth.** Severe, cutting, colicky pains in bowels, *excessive tympanites*, thin watery diarrhœa. During paroxysms of violent pain, complexion pallid, skin alternately cold and hot, pulse quick, distressing vomiting.

"Quite well indicated when tympanites is excessive." *Hughes*.  
 "An important remedy." *Bachr.*

**Arsenicum.** Sudden sinking of strength, cold, clammy perspiration, insatiable thirst, constant vomiting, burning pain in abdomen, great anguish, extreme restlessness, rapid prostration. Symptoms of decomposition of blood.

**Verastrum alb.** Violent vomiting and diarrhœa, suppressed lochia, icy-cold extremities, Hippocratic countenance, cold perspiration, cold breath, threatened collapse.

"Deserves preference if disease sets in suddenly, with great violence." *Bachr.*

**Nux vom.** When the *uterus* itself is inflamed—puerperal metritis.

"I have been astonished at the rapidity of its action." *Hughes*.

**GENERAL MEASURES.** Wash out vagina and uterus twice daily with weak solution *Kali perman.*, or *Carbolic acid*. Introduce nozzle of syringe well through the cervix, wash cavity of uterus thoroughly until the water issuing from vagina is no longer colored. Unsafe to trust this important treatment to the nurse. Apply over abdomen *thin* poultice containing an ounce of *Turpentine*. If tympanites very distressing, enema of *Turpentine* very serviceable. Use every antiseptic precaution in management of case.

**Diet.** Bits of ice in mouth to slake thirst and allay vomiting. Important to sustain vital strength by abundant nourishment. Give hot milk, strong beef-tea, meat-broths, and, if prostration great, *café-au-lait*. If food distasteful, give albumen-water. Give small quantities of food at frequent intervals.

## AGALACTIA.

### LEADING REMEDIES.

**Asafoetida.** *Excessive sensibility* of vital organism; veins of breast much distended.

"In high repute." *Hughes*.

**Bell.** Breasts large and heavy, headache, flushed face, cerebral congestion.

"May afford great aid." *Hempel*.

**Puls.** Often called for—promotes the secretion in many cases.



**China.** Debility from loss of animal fluids, particularly of blood.

**Cale. c.** Leucophlegmatic constitution; extremities cold and damp; inclined to too frequent and too profuse menses. "Sometimes a single dose will effect the desired improvement." *Hughes.*

**Urtica urens.** Entire lack of milk after parturition.

**GENERAL MEASURES.** Warm applications to the breast will favor secretion. A strong decoction of the castor-oil plant (*Ricinus Communis*) applied hot by means of soft cloths. has been often successfully used.

**Diet.** The use of porter, ale, and other liquors, founded on false principles. The patient should have an abundance of *nutritious, easily-digestible* food, such as *milk, cocoa, fresh meats, eggs, broths, and whatever harmless food the appetite may crave. Milk-diet is the best.*

## MASTITIS.

### LEADING REMEDIES.

**Bryonia.** Breasts heavy, hot, hard and painful, but not very red; breasts gorged with milk, severe stitching pains in breast; feels sick on first sitting up. Dose:—6th or 12th dilution. *Hughes.*

"The great medicine for mastities. Specific for mastitis neonatorum." *Hughes.*

**Belladonna.** Breasts swollen, hard, glossy, with red streaks running in radii; throbbing, stitching pain, accompanied by headache and fever.

**Phytolacca.** Chill, fever, painful engorgement, and swelling; the drawing of milk impossible; the gland full of *hard, painful nodosities.*

"In ordinary *eaked breasts* it is considered to be specific." *Rauc.*

**Hepar s.** Threatening suppuration, or after suppuration has begun; the discharge is scanty, and there is still great hardness of the inflamed parts.

**Phosphorus.** Phlegmonous inflammation; breast swollen, red in spots or streaks, hard nodosities. *Fistulous openings, with watery, discolored, offensive, ichorous discharge.*

"Has cured fistulous conditions of breast left behind after milk-abscess." *Hughes.*

**Apis.** Burning, stinging pains, with œdema.

**Conium.** When from contusion. "Specific."—*Hughes.*

**Silica.** Chronic fistulous openings. Profuse secretion of pus.

**Graphites.** When then are so many old cicatrices from former abscesses, that the milk can scarcely flow.

"It has never failed me." *Guernsey.*

**GENERAL MEASURES.** As soon as *hardness* appears,

rub with olive oil, from circumference towards center. Support breast with sling of broad handkerchief. Apply warm fomentations, by a basin lined with flannel saturated with hot water and *Phytolacca* tinct. If pus has begun to form, poultice. In opening abscess, make incision to correspond with radius, and at most dependent part.

## SORE NIPPLES.

**Arnica.** Nipples feel *sore* after nursing.

**Silica.** Much ulceration and suppuration.

**Phytolacca.** Nipples sore and excoriated.

**Graphites.** Minute vesicles, exuding glutinous fluid.

**GENERAL MEASURES.** Nipples should be *carefully* washed after each nursing, and child's mouth thoroughly cleansed *before* and *after* being put to breast. When *sore*, *Hydrastis* and *Glycerine*, equal parts, applied, will often cure. If there are suppurating sores, apply lotion of *Calendula* tinct., a drachm to an ounce, on soft cloths. If there are *deep* fissures or cracks, touch the raw surfaces with scale of *Argent. nit.* Lotion of *Phytolacca* exceedingly useful; apply in cracked or excoriated nipples, or fissures of syphilitic origin. Until nipple is entirely well, cover it with rubber-shield while child nurses. In those who are subject to sore nipples, bathe daily with *Arnica* lotion.

## METRORRHAGIA.

### LEADING REMEDIES.

**Ipecacuanha.** After labor or miscarriage; continuous flow of bright-red blood; the patient is cold and pale, gasps for breath; chilliness and nausea.

"The first remedy I make use of is always *Ipecac.*" *Jahr.* "Very frequently used." *Guernsey.*

**Sabina.** After miscarriage or parturition. Plethoric subjects. Hæmorrhage profuse, painful; blood fluid and mixed with clots; drawing pains from back to pubes, precedes the flow.

"Will help in many cases." *Bachr.* "Used in frequency next to *Ipecac.*" *Guernsey.*

**China.** Heaviness of head, ringing in ears, obscuration of sight, fainting; face and extremities cold and pale; drowsiness; weak pulse; twitching and jerking of muscles. After loss of much blood.

"Will be found of very great service." *Guernsey.*

**Secale.** Hæmorrhage from atony of uterus, after protracted labor, or in feeble, cachectic subjects. Uninterrupted, painless flow of dark, fluid-blood. Great prostration, faintness, palpitation of heart, convulsive movements, cold skin.

"Flooding in feeble, cachectic women." *Lilienthal.*

**Belladonna.** Profuse discharge of bright-red, hot blood, with downward pressure. Severe pain in the back. *Great vascular excitement*; throbbing of carotids, flushed face, red eyes, full, bounding pulse.

"Very frequently indicated in uterine hæmorrhage, particularly in that after labor." *Guernsey.*

**Crocus.** Pressure and feeling of weight in pelvis, with feeling of something rolling in abdomen, and discharge of *dark, stringy, viscid, tenacious blood.*

"Frequently called for in post-partum hæmorrhage." *Guernsey.*

**TAMPON.** Put patient in Sims' position. With left forefinger, or Sims' speculum, retract posterior vaginal wall. With pledgets of cotton, or free end of roller-bandage, pack vagina *posteriorly* to cervix, then *anteriorly*, then *centrally*, until firmly filled by plug, taking care not to obstruct urethra. After sufficient time has elapsed, remove piecemeal, patient in same position.

## MENORRHAGIA.

### LEADING REMEDIES.

**Crocus.** Discharge black, viscid, stringy and tenacious. Earthy-yellow face, debility and palpitation.

"Invaluable in functional form." *Hughes.*

**Sabina.** Plethoric subjects, uterine hyperæmia, drawing pain from back to pubes, blood bright red.

"Will cure large number of cases." *Matheson.*

**Ipecac.** Very profuse; constant nausea.

**Secale.** Blood dark, without pain, increased by slightest motion.

"Often proves curative." *Hughes.*

**Hamamelis.** Profuse; dark, thin blood.

**Chamomilla.** Black, clotted discharge, with severe pains in back. Excessive sensibility, local and general.

"Has undoubted control." *Hughes.*

**Nux v.** Menses too early and too profuse; stops for a day or two, and then returns. Irritability. Sedentary habits.

**Trillium.** Menses every fourteen days, lasting seven or eight days; in interval profuse, yellowish leucorrhœa; blood at first bright red, but later is pale.

"For active flow we possess no better remedy." *Hale.*

**Calc. c.** Menses too early and too profuse and long-lasting; anæmic condition; mal-nutrition; congestion of head.

"*Sulph. and Calc. c.* successively administered during interval between periods, required in majority of cases to ensure a radical cure." *Laurie.*

**GENERAL MEASURES.** Hot-water bag to lower dorsal and lumbar regions.

## DYSMENORRHOEA.

### LEADING REMEDIES.

**Actea.** Severe pains in back, down thighs and through the hips. Hysteric spasms, cramps and tenderness of hypogastrium. Between menses, debility, neuralgic pains, tendency to prolapsus. Rheumatic, irritable uterus.

**Caulophyllum.** Spasmodic dysmenorrhœa. Bearing-down pains, scanty flow. Sympathetic spasms of adjacent organs, as bladder, rectum, bowels. Hysterical spasms of chest and larynx.

I have had great success with *Macrotin* and *Caulophyllin*, 2x trit.

**Viburnum.** Spasmodic dysmenorrhœa. Excruciating, colicky pains in lower part of abdomen, coming on suddenly preceding menstrual flow, lasting for hours. Should be given for a week previous to flow, in tinct. or 1x.

**Cocculus.** Sharp, cramp-like pains, with scanty menses, distention of abdomen.

**Chamomilla.** Pressure in uterus resembling labor-pains. Discharge dark and clotted, with tearing pains, frequent desire to urinate. Uterine neuralgia. Excessive irritability and impatience.

**Pulsatilla.** Menses delayed and scanty; pains so violent, she tosses about with cries and tears; blood dark and clotted, flows at intervals. Great chilliness. Uterine congestion.

**Belladonna.** Menses too early and too profuse; blood bright red. Great downward pressure in genitals. Face red and bloated, cerebral congestion. Congestive dysmenorrhœa.

### SPECIAL REMEDIES.

**Hannamelis.** Of ovarian origin.

**Collins.** Much pelvic congestion.

**Borax.** Dysmenorrhœa with sterility.

**Coffea.** Excessive nervous excitability.

**Sepia.** Chronic, with leucorrhœa and debility.

**Gelsemium.** Spasmodic, to palliate during attack.

**GENERAL MEASURES.** Hot fomentations across hypogastrium, or hot sitz-bath at time of attack if *free* flow. If flow *scanty*, spinal ice-bag to lumbar and sacral regions. Warm drinks. In spasmodic form. *Gelsemium* at time of attack gives great relief. Dose:—Three to ten drops first-decimal, frequently repeated.

## AMENORRHOEA.

### LEADING REMEDIES.

**Pulsatilla.** Delayed, suppressed or scanty menstrua-

tion; pains in abdomen or loins, hysterical symptoms, nausea and vomiting, palpitation of the heart, loss of appetite, deranged digestion, pale face, lassitude, chilliness and headache. If patient have light complexion, fair hair, and a timid, easily-vexed, yet uncomplaining disposition, this remedy is more especially indicated.

"For the great majority of cases." *Hughes.*

**Actea.** Pain in left breast and side, rheumatic tendency, headache, nervous excitement, peevishness; when from uterine derangement. Hysterical subjects.

**Sepia.** Delayed menses. Sallow complexion, fair, sensitive skin, feeble, delicate subjects, leucorrhœa, hæmorrhoids, and evidence of portal and pelvic congestion.

**Conium.** General torpor of the organs. The breasts become enlarged and painful at every period. Complicated with ovarian or uterine disease, or chlorosis.

### SPECIAL REMEDIES.

**Acon.** Sudden suppression from *cold*; congestion of head or chest; young, plethoric girls.

**Bry.** Bleeding from nose in place of menstrual discharge; dry, shaking cough; oppression of chest; heaviness or pressure in head.

**Cale. c.** Scrofulous subjects, and those inclined to incipient tuberculosis. Cold, damp feet.

**Phos.** Delicate constitution, weak, sensitive lungs, cough, expectoration of blood, and pain in the chest.

**Ferrum.** Delay of first menses. Debility, languor, palpitation, indigestion, leucorrhœa, sickly complexion, puffiness of face or ankles.

**Nux v.** Patient of dark complexion, vehement disposition, sedentary habits; acute indigestion; constipation.

**Graphites.** Menses delayed, scanty and painful, constipation, tendency to eczematous cutaneous eruptions.

"Next to *Puls.* in frequency of usefulness." *Hughes.*

**Sulph.** Scrofulous eruptions; temporary flushes of heat.

**GENERAL MEASURES.** Keep the feet warm, and the abdomen covered with flannel. Warm foot-baths are useful, or, the cold sitz-bath. Sit in a bath, with water at 58° or 60°, five to ten minutes, at bed-time, keeping legs and feet warm, and shoulders well covered. After the bath, the patient should be well rubbed, and retire to bed. This is to be used *only in the functional variety*. When due to *constitutional* derangement, apply the *special* remedy, and prescribe nourishing diet, out-door exercise, and every means to restore the *general health*. In atony of uterus, *electricity*, with *Conium*.

## LEUCORRHOEA.

## LEADING REMEDIES.

**Alumina.** Profuse, yellow, acrid, corroding discharge, with burning in genital organs, the parts being corroded and inflamed. Worse before and after the menses. Constipation, inactivity of the rectum.

**Ammon. carb.** Watery, burning discharge from the uterus; profuse, acrid, milky leucorrhœa; menses every fortnight, black, coagulated, profuse. Weak, delicate subjects.

**Calc. carb.** Profuse, milk-like, or yellowish discharge, with soreness and swelling of the vulva; too early and too profuse menses. Scrofulous subjects, very sensitive to cold, with constant cold, damp feet.

**Pulsatilla.** Discharge thick, like cream, or, milky, sometimes giving rise to a burning sensation. Indigestion, chilliness, nausea and trembling. Especially for those of relaxed fibre and lymphatic temperament, in whom the menses are irregular, delayed and scanty.

"Vaginal leucorrhœa, in chlorotic subjects." *Hempel.*

"Specific for morbid activity of cervical glands." *Hughes.*

**Sepia.** Pressure and bearing-down in pelvis, stinging pain in ovarian region. Discharge variable—thick, creamy, yellowish, bland or excoriating, offensive. Leucorrhœa at puberty, during pregnancy, or at climacteric.

"Debility and passive uterine congestion, in those who have borne many children." *Hughes.*

**Helonias.** Uterine leucorrhœa, from atony or congestion. General debility from over-lactation, or other drain on the system.

**Hydrastis.** Yellow discharge, of an extremely tenacious character, often offensive, frequently with long shreds in it. Often accompanied by derangement of liver and stomach.

**GENERAL MEASURES.** Attention to state of general health, of which this is usually but local expression, necessary. Irrigation of vagina with cold water beneficial. *Calendula-water* or *Hydrastis-water*, better than astringent solutions, as injections.

## OVARITIS.

## LEADING REMEDIES.

**Apis.** Inflammation of right ovary. Numbness in right side, extending down the thighs. Sharp, lancinating, *stinging* pains in ovary. This is one of our most reliable remedies in ovarian affections.

**Pulsatilla.** Sub-acute ovaritis, with menstrual suppression, nausea, chilliness, pressure on bladder and rectum; pains so violent she tosses about in all directions, with cries and tears.

"I believe it to be far superior to most of the remedies ordinarily recommended." *Hughes.*

**Belladonna.** Hard swelling of ovary, with stitching, throbbing pains; constant bearing down in pelvis. Perspiration, glistening eyes, cerebral congestion.

**Lachesis.** Inflammation of left ovary, with swelling tensive, pressing pains and stitches; cannot bear slightest pressure on ovarian region.

**Hamamelis.** An excellent remedy in more intense form, when peritoneal covering not involved.

### SPECIAL REMEDIES.

**Aconite.** Much fever.

**Merc. s.** Threatened abscess.

**Hep. s.** To check suppuration.

**Thuja.** Chronic, of left side; much pain.

**Conium.** Chronic ovaritis, with induration.

**GENERAL MEASURES.** Hot fomentations, containing *Hamamelis*, over affected part. Rest.

### CLIMACTERIC.

**Actea.** Pain in left side. Pain at vertex and irritability of disposition. *Faintness at epigastrium.*

"It rarely fails to relieve." *Hughes.*

**Lach.** Hot "flushes," burning in the vertex, and faintness.

"Of great service." *Bayes.*

**Gels.** Flushes of heat, burning pain in top of head.

**Glonoin.** Rush of blood to head, great giddiness, throbbing, beating, roaring in ears.

"A most efficient remedy." *Hughes.*

**Platina.** Vertigo, palpitation, headache, roaring in ears. For those in whom menstruation has been profuse and prolonged.

**Amyl nit.** Flushes of heat. Give by inhalation.

**GENERAL MEASURES.** Frequent warm baths helpful in tiding patient over critical period.

## PART III.

## SURGERY.

## TRACHEOTOMY.

**INDICATIONS.** 1. Foreign bodies in trachea, bronchi or pharynx. 2. Scald of glottis in children. 3. Preliminary to extensive operations about jaws and throat (administer anæsthetic through tracheal tube). 4. Croup and laryngeal diphtheria, with *laryngeal dyspnoea*, indicated by presence of considerable exudation in larynx, and respiration so difficult that there is sinking in of sternum and of supra-clavicular spaces with each inspiration. *Contra-indicated*:—Auscultate posterior chest—if one lung seriously obstructed, tracheotomy contra-indicated.

**Instruments.** Scalpel; curved bistoury; tenaculum; two strabismus hooks; two or three catch-artery forceps; sponges; tube with tapes.

Chloroform may be given if time permit. Local anæsthesia by ether spray. If no anæsthetic used, wrap child in shawl to secure limbs.

**OPERATION.** Place patient on firm table in front of good light; put small, firm pillow (quart-bottle rolled up in a towel will answer) under neck to make trachea prominent. The operator standing on right side of patient seizes trachea between thumb and finger of left hand and fixes it until exposed by the incision. The incision should be free, extending from cricoid cartilage, from one and one-half to two or more inches downward, including integument and cellular tissue. It is to be deepened by successive cuts, or by hooking of tissues aside until the trachea is reached, the operator keeping *strictly* in the *median line*.

The trachea reached, four or five rings should be cleared by blunt hooks or handle of scalpel. The operator then hooks the tenaculum into the trachea at the highest point exposed, and making traction upward (now for the first time releasing trachea from grasp of left hand) cuts from *below upward*, with the sharp bistoury, a sufficient extent of trachea to admit the canula. The wound may be held open



with the blunt hooks until, by suction, the trachea is cleared of blood, mucus or other foreign matters. The outer tube may then be inserted, and secured by tying tapes about the neck. The inner tube, slightly moistened with glycerine, may be put in place, the opening covered with several thicknesses of gauze, to filter air, and the patient placed in bed. The tube should be large enough to permit quiet breathing.

During operation bleeding vessels may be seized with catch-forceps, which are allowed to fall toward the sides of the neck, making lateral traction. *Free hæmorrhage* should be checked by forcipressure, if time be limited, or torsion, if not, before trachea is opened. General oozing, from congestion, is best checked by opening of trachea relieving congestion, and by pressure of canula. Should thyroid isthmus appear in track of incision, hook upward or downward, or incise.

After operation the inner tube must be removed often, and thoroughly cleansed, the small bristle brushes used for feeding-bottles, answering well; or, a stiff feather, properly trimmed.

If operation be made for foreign body, the trachea may be held open and body extracted by suitable forceps; if this not feasible, insert tube and wait.

## HERNIA.

**REDUCTION.** *Taxis.* Anæsthetize patient; place in supine position, legs drawn up. *Resisting forces:* tightness of constricting ring, and swelling of strangulated viscus. Manipulate hernia as nearly as possible in line of axis of ring—compress gently, but steadily, for long time. While keeping up pressure with *one* hand, with finger and thumb of *other* manipulate neck of tumor back into abdomen. Insinuate finger-end or nail beneath edge of constricting ring, and pull outward. When reduction occurs, bowel goes back suddenly, with a gurgle. Aspiration by No. 1 needle occasionally facilitates reduction after failure of gentle taxis. Or, give patient 20 minims *Laudanum*, place him in warm bath for 20 minutes, then between warm blankets, and try taxis.

“Taxis should be gentle and thorough, and tried only once before resorting to operation.” *Adams.*

“Unskilful taxis is a more frequent cause of death than the knife.” *Hamilton.*

**Indications for Operation.** Symptoms of intestinal obstruction with an irreducible hernial protrusion.

**HERNIOTOMY.** *Instruments:*—Scalpel, forceps, director, artery-forceps, ligatures, retractors, hernia-director, hernia-knife, sponges and accessories.

Shave parts and empty bladder. Patient anæsthetized,

supine, thigh slightly abducted and rotated outward. *Note* positions of spine of pubes, Poupart's ligament, femoral artery. Make *incision* free enough to give access to stricture. Divide coverings of sac layer by layer, on director. Tie and cut superficial epigastric artery, if exposed. When sac is exposed reduce hernia without opening, if possible. If hernia still irreducible, raise small fold of sac at most dependent point, make *small* opening, from which a little fluid will escape; introduce director, and on this enlarge incision.

*Division of stricture*:—If point of stricture is at *external* ring, make incision *upward* and *outward*; if at *internal* ring, insinuate left index finger, and pass the finger-nail under the stricture; pass hernia-knife flat, along palmar surface of finger, through stricture, turn edge of knife *directly upward*, and cut a *mere notch*— $\frac{1}{8}$  or  $\frac{1}{4}$  inch—by *pressure* of the knife, not by sawing motion. The hernia may now be returned by gentle manipulation.

If gut gangrenous or ulcerated, artificial anus *must* be formed. If omentum inflamed, tie with stout ligature and cut off inflamed portion.

After reduction of hernia, dress wound aseptically, apply compress and bandage. Provide for drainage. *After-treatment*:—Rest in bed; liquid food till bowels act; enema if bowels do not act in ten days. Peritonitis, treat as from other causes.

## TREATMENT OF WOUNDS.

(*Antiseptic Method—Listerism.*)

1. Check hæmorrhage by torsion, acupressure, forcipressure, or cat-gut ligature, cut short.
2. Cleanse wound of all foreign bodies.
3. Irrigate with antiseptic solution—*Carbolic acid* (1:40), Prince's Lotion.
4. Provide drainage by carbolized horse-hair, glass-silk, cat-gut or perforated rubber tube.
5. Bring edges into exact apposition by carbolized silk or gut sutures.
6. Apply antiseptic dressing.

The *principles* of wound dressing are—(a) make wound *aseptic*, and (b) *preserve* it so.

The first principle may be carried out, in operation wounds, by allowing nothing (fingers, instruments, etc.) to touch parts unless previously disinfected by thorough washing in antiseptic solution; the second, by use of some form of dressing which shall prevent access of unpurified air to wound. Taking an amputation wound for illustration, the dressing may be efficiently made as follows:—The wound surfaces having been thoroughly disinfected, drain-

age provided, and sutures adjusted, the line of the wound, and half an inch or more of the surface on each side, are covered with *Iodoform* dusted on thickly; over this is placed a strip of aseptic oiled silk, perforated; directly on oiled silk is placed Lister's antiseptic gauze, eight layers wrung out of 1:40 *carbolic* lotion, a layer of mackintosh, a top layer of dry gauze, and a bandage evenly and firmly applied. Drainage tubes are to be cut off flush with the skin, and secured, if in danger of slipping, by transfixing end with safety-pin, at right angles to wound.

In a large percentage of cases there will be no necessity for changing first dressing for four or five days, when drainage-tubes may be removed, and dressings repeated.

In cases where wounds are not inflicted by surgeon, the same method of dressing is to be followed, after thoroughly disinfecting wound by irrigation with *carbolic* lotion (1:20 or 1:40). Always provide free drainage. Where there is tension on wound edges, relieve by deep sutures adjusted at some distance. Deep sutures, preferably of silver-wire, fastened by means of buttons at each end.

If, after removal of a tumor (*e. g.*, mammary gland) deep cavities exist under flaps, apply pressure by pads of gauze, so adjusted as to keep deep portions in exact apposition. Complete immobilization of wound necessary. Other *anti-septics* may be used—*Boracic*, or *Salicylic Acid*; *Boro-glyceride*; *Naphthaline*; *Corrosive sublimate* (1:1000) or *Terebene*.

"Under this, or any efficient antiseptic method—wounds heal by first intention, patients are free from fever, and cases pursue an *aseptic* course." *Adams*.

## ABSCESS.

### LEADING REMEDIES.

**Hep. s.** To avert threatened suppuration; or, when suppuration is inevitable, tumor hard, hot, swollen, with throbbing pains.

**Merc.** To avert suppuration. Glandular abscess, with nocturnal pain; tumor hard, shining red, beating and stinging.

**Bell.** Bright redness of affected part, burning, throbbing pain, erysipelatous appearance.

**Silica.** Fistulous openings, hard to heal, discharge thin and watery. Abscess of bone. Chronic abscess.

**Calc. c.** After suppuration completed, to promote healing. Strumous abscess.

**Sulph.** Profuse discharge; tendency to recur, emaciation, hectic. Strumous abscesses.

## SPECIAL REMEDIES.

**China.** During excessive discharge.

**Ledum.** From injuries or splinters.

**Arsen.** Fœtid, sanious discharge; or threatened gangrene.

**Mezereum.** Abscess in fibrous or tendinous structure, or from abuse of mercury.

**Rhus tox.** Abscess of axillary or parotid glands, discharge thin and sanious.

**GENERAL MEASURES.** Remove splinter or other foreign body which irritates. Cover with poultice until "ripe" for lancing. Open abscess *at most dependent point*, as soon as pus has formed. All abscesses of size require drainage after incision. Deep-seated abscess, in proximity to, or underlying, important structures, blood-vessels, etc., may be opened by Hilton's method, *i.e.*, incise skin, push grooved director through tissues toward purulent collection; as soon as pus issues along groove of instrument, pass dressing or polypus forceps, *open* them and *withdraw*, thus making free opening for discharge without endangering vessels.

Chronic abscesses should never be opened except under strict antiseptic precautions.

In whitlow, or abscess beneath periosteum, lance *clear to the bone*, early. In *the cal* abscess, lance in the *middle line*, to avoid digital arteries, which run along the sides of the finger.

"Occasionally cure of extensive abscess has followed repeated aspiration." *Adams.*

## LOCAL TREATMENT OF ULCERS.

**HEALTHY.** *Cleanliness*; dress with *Calendula* lotion (ʒj to ʒij warm water). Protect from external irritation.

**UNHEALTHY.** *Indolent.* Remove source of irritation. Remove fungous granulations by knife or caustic *Arg. nit.* Stimulate surface of ulcer with *Carbolic oint.* (ʒi to ʒij *Vaseline*), or powdered *Iodoform*. For œdema of edges, scarify or use poultices. Apply *rubber bandage*. *Method*—After ulcer has been thoroughly cleansed (preferably by an antiseptic solution), if upon leg, apply bandage from toes up with just sufficient tightness for each turn to hold the one preceding *without* reverses; dress twice a day. Healthy action being established, treat as healthy ulcer, or, if extent be large, hasten cicatrization by skin-grafting.

*Irritable.* Keep part at *rest*. Apply hot-water, by compress or irrigation. Dress with *anodyne* poultices—*hops* or *laudanum*. Apply caustic thoroughly once. Do not strap or bind.

**Inflamed.** Keep part at *rest* and *elevated*. Dress with *antiseptic* poultices—*Carbolic*, *Charcoal*, *Sodium* and *Zinc chlorides*. Avoid compression and caustics.

**Sloughing.** Occurs in debilitated and starved cases. Treat constitutional condition; build up general health by good, nourishing food and tonics. *Local*—same as for inflamed, unless very active, when *Bromine* (pure *Bromine* one drachm to water eight ounces) may be employed.

### REMEDIES.

**Arsenicum.** Ulcer *inflamed*, raw-looking surface, which is *red* and *hot*, and bleeds on slightest touch; thin discharge, mixed with blood; edges of sore hard and irregular; intense burning pain.

**Lachesis.** “Irritable” ulcer; *phagedænic* and *sloughing* ulcer; threatened varicose ulcer. Large ulcers, tending to extend rapidly, surrounded by small ulcerations or pustules; surrounding skin presenting mottled, dark-blue or purple appearance.

**Sulphur.** Excessive itching, burning, gnawing pains; bleeds easily; secretion thick yellow, or thin fetid; margins elevated and surrounded by pimples; considerable adjacent swelling and discoloration of skin.

“To begin the treatment of all chronic ulcers.” *Jahr*.

**Mercurius.** Deep ulcer, tendency to spread, discharge thin and offensive.

**Belladonna.** The surrounding skin is the seat of chronic inflammation, of erysipelatous appearance.

**Kali bich.** Deep ulcer of leg, with hard base and overhanging edge.

**Mezeremum.** “*Mercurio-syphilitic* ulcer of lower extremity.” *Dunham*.

**Sanguinaria.** Old, indolent ulcers, with callous edges and ichorous discharge.

**Hamamelis.** Varicose ulcers.

**Scrofulous Ulcers**—*Calc. c.*, *Sil.*, *Sulph.*

**Phytolacca.** Ulcerations of mucous membranes.

### TREATMENT OF GANGRENE.

**Traumatic.** In lacerated and contused wounds of extremities, bones badly crushed, large vessels torn, limb generally disorganized, if gangrene feared, *amputation* should at once be practiced.

In case of gangrene of an extremity, after attempt being made to save it, amputate at once, and in all varieties of traumatic where limits of disease can be well-defined and *whole extremity* involved. *Superficial sloughs* are not to be taken for *entire* destruction of limb. The extent of destruc-

tion of tissue being small, bring about speedy separation of slough by poultices, and hot dressings. Remove dead pieces, as they loosen, with scissors and forceps.

During sloughing, use locally *antiseptic poultices*, and *carbolyzed* hot-water dressings.

During local reaction, *no pressure* is to be used on injured part.

Gangrene from extreme *heat, cold* or *escharotic*, treat on expectant plan till line of demarcation formed, then amputate if entire thickness of limb involved.

Gangrene from infiltration of urine *in perineo*, immediately make free incisions to relieve tension and give free vent to collections.

Gangrene from arrested circulation after ligation of arterial trunk, apply warmth by cotton, etc., and keep up patient's strength until collateral circulation is established.

## CARBUNCLE.

*Iodine*, locally, has dispersed. Also lime-water and camphor. Early *strapping* beneficial; encircle with *tightly* applied broad adhesive straps, which will draw the edges together. Remove straps daily after discharge has begun, and cleanse surface. Keep well *poulticed*. Not necessary to incise unless tension is extreme. After suppuration established, dress with Carbolic acid and Glycerine. If *gangrene* threaten, dress with powdered *charcoal*, frequently renewed—every 3 to 6 hours.

A commencing carbuncle may be successfully *aborted* by injecting into its center several drops of *pure Carbolic acid*.

*Never use knife in carbuncle complicating Diabetes.*

## LEADING REMEDIES.

**Arsenicum.** Malignant carbuncle. Great prostration and restlessness, small, irregular pulse, cold sweats, diarrhoea and fever.

**Bryonia.** "Hastens the process of suppuration, reducing the period many days." *Jahr*.

**Belladonna.** Smooth, bright-red swelling, tense skin.

**Apis.** For extension of erysipelatous swelling.

**Lachesis.** Parts look purplish; low inflammatory condition; blood-poisoning.

**Arnica.** In repeated doses, early, sometimes disperses.

**Silica.** After suppuration, to check excessive ulceration, and promote healthy granulation.

**Dissection Wounds.** Suck the wound immediately, and apply *Carbolic acid*, or cauterize with *nitrate of silver*. If the wound becomes inflamed, dress with hot poultices. In-

ternally, *Arsenicum*. If great prostration, give carbonate of ammonium.

**Insect-Stings.** For stings of bee, mosquito, wasp, etc., apply *Aqua ammonia*, or tincture of *Ledum pal.* Moist clay poultice, if nothing else at hand. Remove sting when visible.

**Snake-Bites.** Tie broad ligature tightly about limb, above wound, so as to check circulation. Suck the wound, and cauterize with *nitrate of silver*, strong *Carbolic acid* or a nail heated red-hot.

Apply ligature, and, as soon as possible, inject with hypodermic syringe a solution *Permanganate of Potash* (1 to 100), as nearly in line of penetration of serpent's tooth as possible.

The Emperor of Brazil has recently bestowed on Dr. Lacerdo \$20,000, for his discovery of this antidote.

*Stimulate* by injecting *Ammonia* into the veins, or by its internal administration. Keep patient quiet, and conserve the strength. Artificial respiration if breathing fall to ten per minute.

The ligature must be occasionally slackened, that the poison may but *slowly* enter the system, and the limb not suffer from complete stoppage of circulation for too long a time.

**Sprain.** Give part absolute rest; immerse immediately in hot water, until pain and swelling are reduced. Afterwards dress with cloth wrung out of lotion of *Rhus*, *Acon.*, *Arn.*, or *Hypericum*, and covered with oil-silk.

After pain has been lessened by immersion in hot water, envelop part in *absorbent* cotton and apply bandage firmly, exerting through cotton uniform elastic compression of parts.

*Arnica.* Contused appearance.

*Rhus.* When tendons involved.

*Aconite.* Heat, redness and swelling.

*Hypericum.* Nerves involved, or lacerated.

## HYDROPHOBIA.

**Belladonna.** As soon as a person has been bitten, administer *Bell.* in a low dilution, and keep him under its influence for at least six weeks. Also administer it if the characteristic *Convulsions* set in at any time, with great burning and accumulation of frothy mucus in the throat, constricting sensation when attempting to swallow, redness and bloatedness of the face, foaming at the mouth and tetanic convulsions.

"It is only in the largest quantities that its remedial power has been most frequently observed." *Hughes.*



**Stramonium.** Convulsions attended by frightful dreams, agitated sleep, sudden shrieks, insensible and dilated pupils, disposition to bite and tear things with the teeth.

"Reputed a specific for the disease in China." *Hughes.*

**Scutellaria.** Nightly restlessness, frightful dreams, rapid and unequal action of the heart, with pain, tremulousness, and twitching of the muscles.

"Has been found very successful in many cases, both as preventive and curative." *Laurie.*

**GENERAL MEASURES.** *Immediately* suck the wound (do not let it come in contact with an *abraded* surface of the mouth), wash it out with a stream of warm water, and apply freely *pure Carbolic acid*. Or, *actual cautery* may be applied. Give *Belladonna* treatment.

**In Attack.** Vapor bath, or Turkish bath, temp. 107° F., said to have been successfully used. Give patient bits of ice.

## BURNS AND SCALDS.

### CLASSIFICATION.

**First Degree:** Hyperæmia; erythema; irritation or inflammation of the skin, without vesicles.

**Second Degree:** Vesication; inflammation of the skin; formation of vesicles and bullæ.

**Third Degree:** Eschars; gangrene, superficial or deep, involving the skin or any other subcutaneous tissues; carbonization of a part, or of the entire body.

**PROGNOSIS.** If one-half, or even one-third, of the surface is burned or scalded, death is inevitable. In other cases, result depends on location, intensity of heat, nature of medium, age, temperament and constitution of patient.

### TREATMENT.

**LOCAL.** Apply immediately one of the following:

*Carbolized Vaseline* (carb. ac. cryst. five per cent.).

*Carbolized Olive Oil* (11 parts oil to 1 part liquid carb. ac.).

*Flour and lard*, equal parts, worked together.

*White lead paint*. Equal parts *linseed oil* and *lime-water*.

*Bi-carbonate of soda*. Fine wood charcoal.

Dress to exclude air and keep up warmth of part.

Probably no dressing equals the *carbolized Vaseline*. Use that which can be most quickly obtained. Spread on a *thick* layer, cover with gauze and cotton-wadding, and bind lightly. Leave first dressing on as long as possible—until offensive nature of discharge or discomfort demand its removal. Dress in such a way as to facilitate future dressings bit by bit. Do not expose too large a surface at once.



Blisters should be pricked, and contents evacuated, leaving the skin as protective covering. In dressing, irrigate with *carbolyzed water*, drachm to pint.

**Iodoform.** sprinkled on, relieves pain; put other dressing over it.

In *extensive* burns or scalds, use *continuous tepid bath*, 90 to 100 F.

During cicatrization, prevent deformity by position, attained by splints and mechanical appliances. Employ skin-grafting to promote healing of ulcers.

**GENERAL.** Treat *shock* by artificial warmth. *rest*, and repeated doses of *Camphor*. For *depression*, *Ammonia* as stimulant. In exhaustion from profuse suppuration, give nourishing food.

**Rhus.** Burns of first and second degree.

**Kali bich.** Indications of ulceration of duodenum.

**Cantharis.** Vesication; scanty and high-colored urine.

## HÆMORRHAGE.

**Ligature.** Cut down upon bleeding point, and tie above and below the wound. In case this would involve large and deep incision, tie "in continuity." *Materials:* silk, hemp, catgut. *Instruments:* forceps, retractors, directors, artery-forceps, tenaculum (sometimes, aneurism-needle). Secure vessel, tie with reef-knot, and, unless catgut used, one end of ligature must be left hanging out of wound. The ligature must be smooth, round, strong, and well waxed.

**Torsion.** Draw out vessel and make three or four sharp rotations of forceps. In large arteries continue rotation till sense of resistance has ceased, but do not twist off ends. In small arteries the number of rotations of no importance, and ends may be twisted off or not.

**Acupressure.** Compress vessel between needle and loop of wire, like common hare-lip suture. In arteries of medium size, needle may be removed in four hours. Adapted to *scalp* wounds, and when *varicose veins* burst.

**Cantery.** For hæmorrhage from neck of womb after operation.

**Compression.** By tourniquet, Spanish-windlass, or digital.

**CAROTID.**—Press along inner edge and lower half of sterno-mastoid muscle.

**SUBCLAVIAN.**—Push firmly with thumb in subclavian triangle behind sterno-mastoid.

**BRACHIAL.**—Inner border of coraco-brachialis and biceps.

**FEMORAL.**—Under Poupart's ligament, midway between anterior superior spinous process of ileum, and the pubes.

**ABDOMINAL AORTA.**—Short distance above and to left of umbilicus.

In wounds of palm, or where many inosculating vessels injured, pack wound tightly with picked lint or other available substance, and apply firm bandage. Put limb upon splint to insure perfect rest.

**Flexion.** In wounds *below shoulder*, put arm-pad or roll high up in axilla, and bind arm to side. In wound of *palmar arch*, put compress in bend of elbow, flex forearm on arm, and pronate hand. In hæmorrhage from *plantar* vessels, put pad in popliteal space, flex leg on thigh and thigh on abdomen. Or, hang leg, in bend of knee, over sharp chair-back.

**Styptics.** Ice, applied directly to bleeding surface. Persulphate of iron (Monsé's solution). Tannic acid, Gallic acid, Matico, Alum. Water 120° F.

**GENERAL MEASURES.** For faintness and weakness caused by loss of blood—horizontal posture; absolute rest; ammonia; ether; wine. Esmarch's bandage, to drive blood from limbs to vital centers. Transfusion.

## EPISTAXIS.

When slight, apply pressure to cheeks, at junction with *alæ nasi*; use nasal douche of hot water, 110° F.; ice to the nape of neck; use *Tannin* as snuff; use styptics in solution—alum, iron-persulphate. Enjoin quiet on patient; keep neck straight.

*Plug nostril* if severe; pass loop of double thread, by means of catheter or Bellocq's canula, along floor of nose to pharynx, seize loop and fasten it to a plug of lint or cotton already attached to a string, which is brought out of mouth and retained for withdrawal. By means of the double thread in nose draw plug into posterior nares and tie ends of thread over plug inserted into nostril in front. Remove by string through mouth when no longer needed.

## URETHRAL HÆMORRHAGE.

Locally, use cold applications, hot injections, *Hamamelis*, or, introduce catheter and apply compression by means of bandage. If from external, longitudinal wound, make close coaptation by fine sutures and draw water with small catheter four or five times a day. In transverse wound, after hæmorrhage is checked, introduce sound at intervals during healing process, to prevent stricture. In hæmorrhage into tissues about deep urethra, make free incisions to relieve tension, use antiseptic irrigation and keep urethra patent by use of catheter or sound.

## RECTAL HÆMORRHAGE.

When beyond control by use of ordinary remedies, if from vessel within reach, apply ligature; if general, and styptics and hot water fail, use tampon. To plug properly, take cup-shaped sponge or wad of cotton, pass stout double ligature through middle, and pass into bowel beyond source of hæmorrhage. Pack rectum below with pledgets of cotton, and then draw threads tight, and fasten them over compress of cotton placed externally, thus making even pressure in all directions. A stiff catheter or tube may be placed before plugging, to allow escape of flatus.

## UTERINE HÆMORRHAGE.

Method of plugging vagina.—Put patient in Sims' position; with left forefinger, or Sims' speculum, retract posterior vaginal wall; with pledgets of cotton, or free end of roller bandage, pack vagina *posteriorly* to cervix, then *anteriorly*, then *centrally*, until firmly filled by plug, taking care not to obstruct urethra. After sufficient time has elapsed, remove piecemeal, patient in same position.

## VENESECTION.

**Instruments.** Bleeding-tape, or bandage; bowl; lancet; pad; sponge and water.

**Patient recumbent.** Apply tape to middle of upper arm, tight enough to congest veins, but not to affect pulse. Hang arm down a little while; then choose spot, usually *median basilic vein* (look out for brachial artery); pass lancet gently and obliquely into vein, and enlarge opening without deepening incision. If necessary, make patient work hand, opening and shutting it; or, grasp some small object. When sufficient blood withdrawn, remove bandage from arm, apply pad to wound, bandage it, by figure-of-8. Wear arm in sling for several days.

## SHOCK.

Loosen everything about neck and chest that can impede respiration; body recumbent, *head low*. *Maintain temperature* of body—warm room, warm blankets, hot bottles to extremities, between thighs, in axillæ. *Hot compress* over cardiac region. Warm affusion to head. Frictions. If much blood lost, and vaso-motor mechanism not paralyzed, *transfusion*. *Stimulants*, not too freely. Brandy, *Ammonia*, *Ether*. Do not pour fluids down a patient who cannot swallow. *Ether* has been used with great success. Inject, hypodermically, thirty minims every five or ten minutes until

patient is able to swallow, then substitute brandy and *Ammonia*, by the mouth. In absence of *Ether*, employ *intra-venous* injection of *Ammonia*, ten minims of liquid *Amm. fort.*—degree of dilution not material.

*Digitalis*, ten minims, hypodermically, as cardiac stimulant—very beneficial. When *reaction* sets in, give warm, nourishing, liquid food, small quantities, frequently repeated—coffee and scalded milk, equal parts; milk; beef-tea; soup.

If there is a mangled limb to come off, and shock is slight, give *Ether*, and operate. If shock so grave that reaction doubtful, wait several hours till pulse begins to regain strength. If temperature below 96° F., do not operate.

## ADMINISTRATION OF ANÆSTHETICS.

**Chloroform.** Commence gently; limit dose to smallest quantity capable of producing insensibility—gtt. xv. on towel to begin with; permit *free access* of air. *Ether*:—Two drachms to begin; *no air*; push vigorously, especially in stage of excitement. *Mixture*:—*Alcohol*, one part; *Chloroform*, two parts; *Ether*, three parts; (favorite at Guy's) give as *Chloroform*.

**Precautions.** Do not push too much at first. Watch quantity used. Allow plenty of air with *Chloroform*. Have provision for admitting free supply of fresh air. Carefully watch pulse and *respiration*, — especially latter. Have dressing-forceps ready to grasp tongue. Do not let a *flame* come near *Ether* vapor.

## TREATMENT OF DANGEROUS SYMPTOMS.

Give *fresh air*. Pull tongue well forward. If any difficulty, tongue may be drawn from off glottis by placing thumbs alongside of nose, and the index fingers behind ascending ramus of lower jaw, and drawing it forward. Clear throat of blood or vomited matter. Hot affusion to head. Invert patient. Artificial respiration. Inhalations *Nitrite Amyl.* *Galvanism*—one pole on throat near phrenic nerve, other at pit of stomach; or, through skin at sides of nose.

**Local Anæsthesia.** Two parts crushed ice to one part salt, in gauze bag. *Ether* spray. Do not freeze part.

## TREPANNING.

If there be already a scalp wound, enlarge it; if not, shave scalp and make U-shaped incision down to bone, and peel back periosteum with the flap of the scalp. Avoid regions

of longitudinal and transverse sinuses, and middle meningeal artery. Adjust trephine so that pin shall project beyond teeth. If there be fracture, place teeth on firm edge of bone. In working, *press evenly on all sides*. After penetrating short distance, withdraw pin into crown of trephine. As dura mater approached, *proceed gently*, and frequently probe with piece of quill, obliquely sharpened to a point. As soon as *dura mater* detected, tilt trephine to other side. When loose enough, remove disc of bone with elevator.

**Dangers.** Wounding dura mater; hæmorrhage.

*Hæmorrhage*, from abnormally large veins in diploe, can be arrested by pressure of ball of carbolized wax, softened in hot water; from wounded artery, pressure with ball of wax; from sinuses, light compress.

## HARE-LIP.

Best time to operate, third to fifth month of infancy. Contra-indicated—during dentition or ill-health. Chloroform unnecessary. Apply small bag of pounded ice and salt, till local anæsthesia induced. Child held in assistant's lap. Secure limbs by rolling him lightly but firmly in a shawl. Assistant to check hæmorrhage by holding each side of the upper lip between finger and thumb. Begin by separating, with knife, the two sides of the lip from the jaw subjacent, unless former structures be already very free. Then pare edges of cleft. Remove enough, especially from apex of cleft, and junction of cleft with edge of lips. Coapt edges, insert two "hare-lip" pins; enter and exit  $\frac{1}{4}$  inch from fissure; pass deeply, nearly reaching mucous membrane. Lower one secures coronary artery. Secure with *hare-lip* suture. Interrupted wire suture at red border of lip. Sharp ends of pins nipped off. Pieces of lint placed beneath ends of pins. Strapping, broad at ends and narrow in middle, brought across lips. All pins must be removed on third day, very gently, lips being well supported at time, and strapped immediately afterward. Instead of pins, the interrupted suture of wire, aseptic silk or gut may be used.

## NÆVUS.

Capillary nævi may be successfully treated by successive paintings with liquid carbohc acid, nitric acid, lunar caustic, or by puncture at various points with hot needle. More extensive forms may be treated by (1) *compression*; (2) *ligature*, which should be subcutaneous, to avoid scar; (3) *excision*; (4) by ligature of vessel of supply.

*Injectons into nævi should never be employed.*

## INTUSSUSCEPTION.

**Plumbum.** Colic and fecal vomiting.

**Acon., Bell.** To obviate inflammation.

**Opium.** Meteorism, and stercoraceous vomiting.

**Nux vom.** To correct irregular and excessive peristalsis.

**GENERAL TREATMENT.** Early in attack—place patient on back, hips elevated, shoulders low; introduce long tube into rectum, passing it as high up as possible, and *slowly* inject *large quantities* of warm water or olive oil. As the fluid is coming away, manipulate abdomen with hands, so as to move coils of intestines. Repeat entire process several times, if necessary. Sometimes well to anæsthetize patient preparatory to operation. Also try inverting patient. In children, inflate bowel with air until abdomen is much distended. Keep stimulants at hand, as syncope sometimes occurs.

In cases where above measures fail, and diagnosis of obstruction clearly made, perform laparotomy with antiseptic precautions. Operation, preferably in median line, consists in exposing peritoneum by incision of three to five inches, checking all hæmorrhage, opening peritoneum, searching for obstruction and relieving it according to its nature.

## THORACENTESIS.

**Indications.** Amount of effusion great, with dyspnoea; old effusion, which remains stationary.

**OPERATION.** Use aspirator; needle moistened with oil; slight preliminary incision. Introduce near axillary line, *fifth* intercostal space on *left* side, *fourth* on right, or *seventh*, near angle of scapula, posteriorly. Insinuate needle with twisting motion, near upper border of lowermost rib. Then plunge needle smartly through pleura, turn cock of aspirator and collect fluid.

**Dangers.** Wounding intercostal vessels, lung or diaphragm; rupture of pleura or capillaries by excessive suction with aspirator; admission of air.

## PARACENTESIS ABDOMINIS.

**Indications.** Called for if amount of effusion so great as to seriously embarrass respiration or heart's action.

**Operation.** Make ink-mark exactly in median line, midway between umbilicus and pubes. Turn patient on side, near edge of bed. Bladder must be empty. Ascertain by percussion presence of fluid at spot to be pierced. Apply

broad flannel belt, or a sheet, around abdomen, the ends crossed behind, and held by assistant, who gradually draws it tight as fluid is withdrawn. Tap through hole cut in cloth at proper point. Incise skin at point selected, and introduce trocar. Draw off fluid *slowly*. When all out, seal wound with plaster, and pin the band tightly around abdomen.

**Dangers.** (1) Hæmorrhage, from not keeping to middle line. (2) Wound of bladder, from not emptying it. (3) Wound of bowel, from not tapping in thoroughly dull spot, or from plunging trocar too deeply. (4) Fainting.

## PNEUMATIC ASPIRATION

May be practiced in any part of the body—and is a safe procedure as long as only the fine needle (*No. 1.*) be used. Aspiration with the larger needles is to be practiced with the same caution as tapping with trocar, the risk of aspiration equaling that of tapping when the larger needles are used.

## HEMORRHOIDS.

**Internal.** Of *capillary* variety—*viz.*, elevated thickenings of mucous membrane—best treated by application through speculum, with wooden spatula or glass rod, of pure *nitric acid*. Forcible dilatation of sphincter, occasionally cures by relief to circulation during partial paralysis of sphincter following dilatation. Internal hæmorrhoids, more or less *pendulous*, best treated by (*a*) *Injection* of mixture of equal parts of *Glycerine* and *Carbolic acid*. To do this safely, clamp base of pile with forceps, so as to interrupt circulation; with hypodermic syringe, charged with mixture, insert needle into substance of hæmorrhoid and inject *M. v ad x.* Repeat injection at intervals of three or four days until tumors shrivel and slough away. (*b*) *Ligature*.—Patient under ether; dilate sphincter. forcibly seize hæmorrhoid with forceps; with curved scissors dissect hæmorrhoid slightly from mucous membrane from below upward, thus avoiding vessels which always enter pile from above;—transfix pile with threaded needle and tie firmly on each side; repeat process on all internal piles. Confine patient strictly to bed for a week. Ligatures come away generally in four to five days. Patient should take no exercise of amount for ten to fourteen days.

**External** hæmorrhoids, when seen early, *i.e.*, during first forty-eight hours, should be *incised* and the clot of extravasated blood, which gives pain by causing tension of tissues, turned out. Always incise in line radiating from anal centre. If ancient, and source of annoyance, remove by scissors, clipping away tab of thickened integument in line radiating from anal centre.



## ANAL FISSURE.

When productive of slight degree of suffering, may be treated by application of *Iodoform*, in powder or suppository. A single application of *Nitrate of silver* to fissure will sometimes suffice. Severe forms only amenable to treatment by incision or forcible dilatation.

*To incise*, expose part thoroughly and cut through base of fissure deeply enough to divide the superficial fibres of the sphincter directly under it, then apply *Iodoform*, cotton pad and **T** bandage.

*To dilate*, put patient under ether, insert thumbs into rectum back to back, and stretch sphincter until the thumbs touch *tuber ischii*, or sphincter is thoroughly relaxed. Dress as above.

## RECTAL STRICTURE.

Gradual dilatation with bougies at intervals of three or four days, safest but slowest method. If stricture be thin, and bridle-like, nick edge of constriction at three or four points in circumference, and pass bougie.

*Posterior rectotomy* to be employed if stricture irritable and of small calibre. Patient under ether; with straight, probe-pointed knife, cut through stricture and sphincter towards coccyx, keeping incision *strictly* in median line. Keep patient recumbent, pack wound with antiseptic cotton, and, as it heals, pass bougie to preserve calibre of rectum.

## RECTAL FISTULA.

Three varieties—result of abscess in submucous tissue of rectum—internal, external, and complete.

**INTERNAL** should be made complete by passing a probe. bent into hook-shape, into rectal opening and making it project integument, cut down on end of probe and operate as for complete.

**EXTERNAL** should be made complete by passing director into external opening to thinnest portion of rectal wall, determined by finger in rectum, and forcing director through into rectum.

**COMPLETE** fistula may be treated by incision on director, or, in timid patients, by elastic ligature. *To incise*, put patient under ether, pass grooved director through fistule, bring point out at anus and cut all overlying tissue; slit up sinuses leading into fistule, pack wound with oakum for first forty-eight hours, and then dress with *Iodoform*, keeping patient recumbent until wound is fairly filled by granulations.

*To ligature*, take solid rubber cord  $\frac{1}{8}$  inch in diameter.



pass silk cord through fistule by means of eyed probe, draw rubber cord through double, pull tense, and tie tightly, overtying rubber knot with silk to prevent slipping. Under this method patient may move about.

## COCCYGODINIA.

If obstinate, divide subcutaneously all muscular and ligamentous structures from borders and tip of coccyx. If coccyx luxated and displaced, or carious, remove it.

## RETENTION OF URINE.

**From Stricture.** Put patient in warm bath to relax spasm; pass small catheter, or filiform bougie, which use as a guide for tunnelled catheter. If filiform bougie or small catheter passes, tie in for continuous dilatation, replacing it by larger size in twenty-four hours. If stricture is impassable, relieve bladder two or three times in twenty-four hours by aspiration, supra-pubic. After two or three days, attempt passage of instrument again. If instrument cannot be passed, and fistulous opening exist, perineal section should be performed.

**From Enlarged Prostate.** Pass soft-rubber catheter, Mercier's elbowed catheter, or over-curved gum-elastic catheter. If retention has existed for some time, do not empty bladder at once, but at third or fourth catheterization, after which keep bladder clear of residual urine. When bladder is completely closed by hypertrophy of prostate *plus* inflammation, supra-pubic aspiration may be practiced twice or thrice daily, until catheter may be passed.

"If catheterism impossible, supra-pubic puncture and introduction of permanent tube relieves retention, and, when done early enough is followed by *subsidence of prostatic overgrowth*." Adams.

## CIRCUMCISION.

Draw foreskin well forward and hold by compression between blades of forceps applied where section is deemed best; cut off portion included in forceps, split up mucous membrane to corona, turn back, trim edges, and unite to skin by numerous fine sutures of cat-gut. In infants sutures are unnecessary. Dress by enveloping part in strip of sheet lint which should be kept moist with 1 to 40 carbolic lotion. Treat hæmorrhage by torsion if not spontaneously checked.

**Ganglion.** Rupture it by placing patient's wrist on your knee, steady it with your fingers, while you squeeze the ganglion, with ends of both your thumbs, against ridge of

bone beneath. Other methods failing, employ subcutaneous puncture, and follow either method by pressure with pad and bandage.

**Bunion.** Remove pressure of boot, which is always *cause*; restore toe to natural position by mechanical contrivance. Use corn plaster; soap plaster; arnica plaster. If it discharge, stimulating dressing. When inflamed, poultices, fomentations.

**Corns.** Soak foot in warm bath half an hour or an hour, extract hard head with finger-nail, or blunt instrument, dress with Arnica lotion, wear during day Arnica plaster, and felt, with hole in centre. Repeat this several days, and wear *easy shoes*, and there will be no more return.

**In-growing toe-nail.** With point of pen-knife insinuate a bit of cotton beneath side of nail, and between edge of flesh and over-lapping nail. Poultice and rest if much inflammation.

If scraping nail in middle fails to relieve, pare away over-lapping flesh—remove underlying portion of nail; or, these measures failing, remove entire nail by avulsion under anæsthetic.

## THE VENEREAL.

### SYPHILIS.

**Period of Incubation.** A chancre (if not modified by treatment) will usually be followed by secondary symptoms within fifty days, and always within six months. It may be as short as ten days.

### TABLE GIVING USUAL PERIOD OF DEVELOPMENT OF LESIONS.

LESION.	USUAL No. Days.	MAY DELAY AS LONG AS
1. Roseola.....	25 to 45.....	12 months.
2. Lichen.....	28 to 65.....	12 "
3. Mucous patches.....	30 to 70.....	18 "
4. Sec'd aff. fauces.....	50 to 70.....	18 "
5. Vesic. erup.....	55 to 90.....	6 "
6. Pustular.....	45 to 80.....	4 "
7. Rupia.....	7 m. to 2 yrs.....	4 "
8. Iritis.....	2 to 6 ms.....	1 year.
9. Sarcocoele.....	6 to 12 ".....	3 years.
10. Periostitis.....	4 to 6 ".....	2 "
11. Tuberc. erup.....	3 to 5 yrs.....	2 "
12. Serpig. erup.....	3 to 5 ".....	20 "
13. Gummy tumors.....	4 to 6 ".....	15 "
14. Opychia.....	3 to 6 ".....	22 "
15. Exostosis.....	2 to 6 ".....	20 "
16. Ostitis.....	2 to 4 ".....	41 "
17. Destruct. vel. pal.....	2 to 4 ".....	20 "

No one who has had syphilis should marry until he has been free from all symptoms for a period of at least three years.

## CHANCRE.

1. A *general* blood disease.
2. From inoculation with *syphilitic virus*.
3. Incubation, ten to sixty days or more.
4. Auto-inoculation *impossible*.
5. Lesion, usually an excoriation or *indurated* shallow ulcer.
6. Number, usually single.
7. Secretion scanty, serous, sanguinolent.
8. Edges slanting, adherent.
9. Generally painless.
10. Phagedæna very rare.
11. Bubo invariable; seldom suppurates.
12. Second attack *very rare*.
13. Local treatment unimportant.

## CHANCROID.

1. A *local* tissue disease.
2. From inoculation with *chancreoid virus*.
3. Incubation, none.
4. Auto-inoculation *always possible*.
5. Lesion, a rapidly-spreading, *soft* ulcer.
6. Number, often multiple.
7. Secretion, creamy, free.
8. Edges, perpendicular or undetermined.
9. Often painful.
10. Phagedæna not uncommon.
11. Bubo in about one-third the cases; often suppurates.
12. Second attack possible.
13. Local treatment highly important.

## SYPHILIS.

**Definition.** A specific, infectious disease, having a period of incubation, and characterized by the appearance of a chancre, then by eruptions on the skin and mucous membranes, subsequently by chronic inflammations of the cellulo-vascular tissues and the bones, and finally by small tumors, or *gummata*.

One attack affords protection against a second. The initial lesion is always a chancre, whether the source of infection be a chancre, or a secondary lesion. A perfect recovery from syphilis is possible (*Keyes*).

**Initial lesion.** Varies. May be hard, desquamating papule, a raw erosion, or a superficial ulcer. *Indurated chancre*—generally solitary, shallow, borders adherent and sloping, *base indurated*, floor grayish, the secretion thin, scanty, non-purulent. It is indolent and generally painless.

## TREATMENT.

## PRIMARY STAGE.

**Merc. sol.** This is the only remedy worthy of confidence in the treatment of recent, uncomplicated chancre. Chancre with *red* edges, lardaceous bottom, painful and readily bleeding; indurated base and margin. *Dose*, 1x to 6x trit., a grain night and morning.

"Stands in the front rank." *Franklin*. "Only remedy for the uncomplicated forms." *Baehr*. "Enjoys universal confidence." *Hughes*.

**Merc. corr.** For phagedænic chancre; ulcer secreting

thin, ichorous pus. Secondary symptoms make early appearance.

**Merc. iod.** Painless chancres; glandular system largely involved; inguinal glands large, swollen, but not inclined to suppurate.

**Arsenicum.** *Gangrenous* chancre. Ulcers with florid, unhealthy granulations; or, secreting a watery, corrosive, offensive fluid.

"In *gangrenous*, never fails." *Jahr.* "Only efficient remedy." *Bachr.*

**Nitric acid.** For chancre of some weeks' standing that has been treated with large doses of *Mercury*. Ulcer bleeds easily and profusely; pale, flabby, prominent granulations; fungous growths; corrosive discharge.

**Arsen. iod.** For swelling of inguinal and axillary glands, threatening suppuration.

"Excels all other remedies in the rapid cure of venereal bubo." *H. Noah Martin.*

**Bubo.** Requires same treatment as chancre from which it proceeds. For acute bubo, *Merc. sol.*; for indolent bubo, *Merc. iod.*

**LOCAL.** Observe *strict cleanliness* of the parts. To primary sore, apply simple lint, soaked in cold or tepid *Calendula* lotion, renewed every three or four hours. *Chloral Hydrate*, solution, grs. xx. to  $\mathfrak{z}$  *aqua*, hastens healing process. If discharge fetid, sprinkle with powdered *Chlorate of Potash*, and cover with wet compress; renew frequently.

For *sloughy ulcers*, apply slightly caustic solution *Nitric Acid*, or *Carbolic Acid*.

**GENERAL.** Avoid stimulants, excitement, over-exertion, and excesses of all kinds. Let the surroundings be the most favorable, hygienically, that can be procured. Have fresh air, moderate out-door exercise, and a plain diet. Encourage in the patient hopes of ultimate recovery. Frequent bathing of the skin very beneficial.

## SECONDARY AND TERTIARY.

**Mercurius.** Feverishness, rash, sore throat; rheumatoid pains, aggravated by rest and the warmth of the bed. Erythematous, papular and squamous eruptions. *Superficial* ulcers in the throat. Iritis. Fauces and tonsils swollen, inflamed and ulcerated. Emaciation, with slow, hectic fever.

**Kali hyd.** For secondary and tertiary forms, particularly in those who have been over-dosed with *Mercury*. Nodes, gummata, erythema, tubercular skin eruptions, ulcers on tonsils, periostitis, coryza. Iritis. Ulceration of nose, mouth or throat, with corrosive, burning discharge. Pain in nodes quickly relieved, and the nodes soon disap-

pear. **DOSE:**—Give grs. j. to v. of the crude drug *ter die*; in obstinate cases, grs. xv. to xx., *ter die*.

"No remedy surpasses this as an antidote to the syphilitic poison in the secondary, and especially in the tertiary form of the disease." *Franklin*. "We have nothing to take the place of the *Iodide of Potash*, in tertiary syphilis." *Hughes*.

**Aurum.** Syphilophobia. Ozæna, with caries of nasal and facial bones. Ulcers of nose and mouth, with fetid discharge. Nodes of cranial bones. Sarcocoele. Lupus. Syphilitic rheumatism. Suicidal melancholia.

"Covers nearly the whole field of the tertiary, with its cachexia." *Hughes*.

**Nitric acid.** Ulceration of the mouth, and cracks about the commissures of the lips.

**Kali bich.** Indolent ulceration of the tonsils. Affections of the throat, eyes, skin and periosteum.

**Rupia.** *Thuja*.

**Sarcocoele.** *Aurum*.

**Iritis.** *Merc.*, *Kali hyd*.

**Gummata.** *Merc.*, *Kali hyd*.

**Ozæna.** *Aur.*, *Kali bi.*, *Kali chlor.*, *Kali hyd*.

**Condylomata.** *Ac. nit.*, *Thuja*, *Merc.*, *Ant. tart.*, *Ac. phos*.

**Caries of Bone.** *Aur.*, *Mez.*, *Phos.*, *Kali hyd.*, *Merc.*, *Ac. fluor*.

**Throat, ulceration of.** *Merc.*, *Kali bi.*, *Ac. nit.*, *Iod.*, *Kali iod.*, *Hydr.*, *Ac. fluor*.

## CHANCROID.

**SYNONYM:** *Soft Chancre*.

**Definition.** A virulent, local, contagious ulcer, never giving rise to constitutional symptoms, its effects being limited to the vicinity of the sore, and the neighboring lymphatic glands.

It is never transmitted by inheritance. It is auto-inoculable. A person may have repeated attacks. The prognosis is always favorable.

**Lesion.** A round or oval ulcer, surrounded by a faint, pink areola, with abrupt *edges*, sharply cut at right angles to surface, often slightly undermined, the bottom being irregular, *soft*, and covered with pultaceous, dirty-yellow pus.

## TREATMENT.

**REMEDIES.** *Merc.*, *Ars.*, *Acid nit.*, *Kali bi.*, *Hep. s.*, *Phos. ac.*, *Silica*.

**LOCAL.** Touch with strong *Nitric acid*. *Before cauterizing*, cleanse surrounding parts with *Carbolic lotion*. Do not cauterize unless the whole of diseased surface can be acted on. Chancres beneath phimosed prepuce, treat by frequent

injections *Carbolic* lotion (1 to 40), using syringe with long nozzle.

When caustic not used, best application is *Iodoform*; dust on powdered crystals, cover with dry lint, and use retaining dressings.

Dressings of all kinds must be *changed frequently*, and opposing surfaces be kept apart. Destroy old dressings. Use no greasy applications.

## PARAPHIMOSIS.

If strangulation occur, effect reduction. In *phimosis*, if swelling so great as to prevent use of syringe, or if sloughing threaten, slit up prepuce, by *double* incision, or remove altogether, and treat as phagedæna. Otherwise, hot, local baths to reduce œdema.

## PHAGEDÆNA.

Immerse *entire* diseased part in bath at 98° F., and maintain this heat for nine or ten hours per day. Use hip-bath. Continue for several days after sore puts on healthy appearance. Let patient go to bed at night, dressing sore with *Iodoform*. If disease not arrested, make bath continuous. Full bath, in which patient can lie down, will accomplish this. If milder measures fail, cauterize. Check all hæmorrhage at once; apply to bleeding point pledget of lint soaked in solution *persulphate of iron*, retained by firm bandage.

GENERAL. Rest; good food; good ventilation. In phagedæna, tonics and cod-liver oil.

## BUBO.

To favor resolution, use pressure and dry heat. If supuration be found to be inevitable, promote with poultices, open by free incision *across* line of Poupart's ligament, as soon as presence of pus is manifest, and treat same as local sore. Aspiration of no service.

## GONORRHOEA.

### LEADING REMEDIES.

#### ACUTE STAGE.

*Gelsemium*. Recent cases. Discharge moderate. Much irritation, considerable heat, little pain, smarting and redness at meatus. DOSE:—gtt. j to ij every three hours.

"Has a striking effect on the acute stage of gonorrhœa, usually bringing relief in twenty-four to forty-eight hours. Fully ninety per cent. of cases report speedy relief." *Adams*.

**Cannabis. sat. tinct.** Smarting, burning, stinging, during micturition; constant urging; copious, thin discharge; prepuce swollen and painful. Strangury, pains extending into scrotum, with dragging in testicles.

"A characteristic indication for this remedy is priapism." *Adams.*

**Cantharis. 2x.** When urinary symptoms indicate that inflammation is extending toward bladder. *Ardor urince*, cutting, stinging pain during and after micturition.

"Particularly called for when blood occurs, either free or mixed with discharge." *Adams.*

**Mercurius. 2x.** "When inflammatory process is accompanied by free exudation into submucous tissue and thickening of the urethral walls, producing *great diminution in the size of the stream of urine, and chordee.*" *Adams.*

**LOCAL.** Astringent and irritative injections of doubtful utility. Observe *strict cleanliness* of part. To absorb and remove discharge, keep piece of lint over meatus, retained by drawing prepuce over it, or a piece of soft linen, with hole in center, drawn, like a collar, just back of corona glandis, and corners then brought forward, with prepuce over it. Avoid use of warm and cumbersome dressings; tissue-paper is best. Renew dressings frequently, and destroy old ones. Wear light suspensory for scrotum.

If, after well-conducted course of treatment, a "drop or two" still appear, suspect incipient stricture and use mechanical dilatation.

**Diet.** Avoid all greasy, fried, or highly-seasoned articles, pepper, vinegar, salt, coffee or tea. Salad-dressings, asparagus, acid fruits, tomatoes, strawberries, pastries, and particularly all malt, vinous and spirituous liquors should be strictly prohibited. Let the diet be light. Plain milk-diet best. *Drink large quantities of soft water.*

**GENERAL.** Rest in recumbent posture will greatly promote recovery. In any event, to as great an extent as possible, avoid physical exertion, and all sexual excitement.

**Chordee.** Empty rectum by enema before retiring. Sleep on hard mattress, with light bed-clothes; room cool and well ventilated. When erection occurs, evacuate bladder; stand on cold oil-cloth. Medicinal treatment as for original disease. External application of *Camphor-ice* along urethra, at night, has prevented chordee.

**Injections.** Useful in but small number of cases. Hot mucilaginous infusions best—gum-water, linseed-water, with a little *Hydrastis*. Any injection which causes greater pain than *very slight* smarting, will do more harm than good. In any case, must be employed *very early*—later, of no use.

**Retention of Urine.** Avoid passage of catheter *if possible!* Quiet mental anxiety; inject in perineum Morphia gr.  $\frac{1}{4}$  and Atropia gr. 1-120; repeat in an hour; place pa-

tient in hot bath, submerged to the chin, until flow of urine begins; if signs of syncope, remove him from bath, put hot mush poultice over hypogastrium, and give enema of hot water and soapsuds, All other means failing, aspirate the bladder.

## STAGE OF DECLINE.

**Merc. iod.** Discharge free and mucoid; patches of induration found along urethra.

**Sepia.** Chronic mucoid discharges, without pain. Especially gonorrhœa of females.

**Hepar s.** Mucopurulent discharge in those who have had several attacks.

**Thuja.** Thin, whitish, painless discharge. Sub-acute and chronic cases, especially when there is inflammation of prostate.

**Sulph.** Much thickening along urethra.

**Silica.** Cases of long standing, with slight, shreddy discharge.

**Injections.** May be used in this stage. Half a grain or grain of *Arg-nit.*, *Zinc sulph.* or *Plumb. acet.*, to ounce of water. Powdered *Hydrastis* ℥ss. to ʒj water, excellent in cases of long standing.

Short-nosed, hard rubber syringe holding ℥ij. First clear urethra by urination, or warm water. Insert nozzle just within meatus; compress sides of urethra with thumb and finger above syringe tip; inject slowly. Retain injection for minute or two, manipulating urethra.

If discharge persist, pass slowly full-sized, smooth, steel sound, at intervals of three or four days.

## GLEET.

Treat by slightly astringent injections, and remedies as indicated above. But permanent cure demands treatment of the accompanying

## URETHRAL STRICTURE.

Chronic urethral discharge always indicates *stricture*, and latter must be treated. Pass olive-pointed bougie, *not beyond prostate*, using no force. If meatus contracted, with keen-edged bistoury cut downward and backward in median line, and insert piece of oiled lint to prevent primary adhesion. Make gradual dilatation at point of stricture with olive-pointed bougies up to No. 8, then steel sounds. Never use *steel* sound smaller than No. 9.

Leave bougie *in situ* only few moments, and introduce



larger sizes at intervals of two days, more or less, according to patient's urethral sensibility. Use no force. Make haste *slowly*. Gradual dilatation should be carried up to normal size of urethra, as ascertained by bulbous bougie, or urethrometer. Traumatic and resilient strictures, and those of the penile urethra, should be treated by over-distention and urethrotomy combined.

## EPIDIDYMITIS AND ORCHITIS.

### LEADING REMEDIES.

**Pulsatilla.** Sub-acute inflammation, the glands alone being affected; pain shooting down the back or into the thigh, and changing suddenly.

**Hamamelis.** Dull, heavy pain in testicle, at times excruciating. Scrotum hot, congested and swollen; the skin tense, smooth and shining.

**Aconite.** Fever, hot dry skin, full pulse, great vascular excitement.

**Belladonna.** Great sensitiveness of nervous system, with intolerance of pain, which is of neuralgic character.

**Clematis.** Orchitis following chronic urethritis.

**Arnica.** **Conium.** From contusion.

**GENERAL MEASURES.** *Absolute rest* in bed—do not let patient rise even to relieve bladder or bowels. *Support testicle* so as not to drag on cord. Apply hot *Hamamelis* fomentations. *After inflammation has subsided*, strap with adhesive plaster so as to make pressure. Relief of tension of tunica vaginalis promptly afforded by puncture, a straight, three-cornered surgical needle being passed through scrotum, and six or ten punctures being made in envelope of testis.

## HYDROCELE.

**REMEDIES.** *Iod.*, *Calc. c.*, *Sil.*, *Aurum*, *Puls.*, *Rhod.*, *Graph.*, *Kali-hyd.*

**Operative Treatment.** In *infants*, acupuncture, causing the fluid to escape into areolar tissue of scrotum, often cures.

**Palliative treatment**, for adults, evacuate contents of sac with aspirator or trocar. *Method*:—Make out position of testicle; grasp tumor firmly in left hand, with testicle occupying middle of palm. Plunge needle or trocar obliquely upwards and backwards into juncture of middle and lower thirds of hydrocele.

**Radical Cure.** Tap hydrocele with small trocar, empty sac of all fluid and inject liquid *Carbolic acid*, twenty to thirty minims, manipulating sac so as to bring acid into contact with entire surface, allowing acid to remain. Confine patient to room for forty-eight hours.

"This method is followed by a radical cure in most cases, and is unattended by fever or other complications." *Adams*.

## PART IV.

## MISCELLANEA.

## LEGAL MEDICINE.

**Expert Testimony.** A physician is in law an expert as to all matters embraced within the range of his profession. It is not necessary that he be at the time in actual practice. It is not necessary that he should have made the particular disease involved in any inquiry, a specialty. But if he has devoted himself exclusively to one branch, and has had no experience in that subject to which he is called to testify, his testimony is inadmissible. A practicing physician whose knowledge of the particular subject of inquiry (*e. g.*, insanity) was derived from study alone, has been held competent to express an opinion as an expert. Medical books are not admissible in evidence.

An expert cannot be compelled to attend during the entire trial for the purpose of hearing all the testimony.

The law is extremely conflicting as to whether professional men can be compelled to testify as *experts* without extra compensation. In England it is settled that additional compensation is required. In the United States the question is open, with the weight of authority in favor of the English rule.

In the absence of any statutory provision to the contrary, it is well settled that a physician or surgeon may be compelled to disclose any communications made to him in professional confidence. This rule has been abrogated in several of the states by express statutes.

"Physicians and surgeons shall be incompetent to testify as to information obtained in a professional capacity from a patient." *Missouri*.

"No person duly authorized to practice physic or surgery shall be allowed or compelled to disclose any information which he may have acquired in attending any patient in his professional character, and which information was necessary to enable him to prescribe for such patient as a physician, or to do any act for him as a surgeon." *New York*.

**Skill demanded.** A physician's charge is more on account of his skill and knowledge than of the time given to his patient's case. He is held to exercise ordinary care and

skill, but is not held to produce any benefit to the patient. The only defence against a suit for physician's service rendered on employment, is, first, as to the unreasonableness of the charges, or, second, actual malpractice. But a physician must adhere to the system and the custom of the branch of the profession he has avowed.

**Collections.** A physician has a right to demand and sue for reasonable charges for professional services rendered upon employment, either in advice or aid.

Books of original entry only are received as evidence. A bill of items may be demanded by the debtor.

When a patient receives, without objection, the services of an assistant, or a student, he is bound to the principal for the same. But where partners both attend a patient, they must recover in the firm's name.

A bill for services rendered to a servant must be collected from him, unless the master expressly agrees to pay for the same. A minor may be held responsible for medical aid rendered him.

Either the husband or wife, or both jointly, may be held for services rendered to one of the family. A city must pay for services rendered by a physician called by a police officer, if the case is urgent and the regular City Physician and Surgeon is absent.

**Good-will.** A physician may sell the "good-will" of his practice, or his business, and may contract that he will not, within certain places and times, practice his profession; but an agreement not to practice his profession at all is unlawful and cannot be enforced, because it is against public policy.

**Jurors.** Practicing physicians are exempt from duty as jurors.

**Liability of Physician.** A physician is liable for any damage caused by malpractice. He is also liable for all acts of an assistant or student done in the regular course of business.

**Malpractice.** A physician or surgeon must bring to the performance of his duties as a professional man at least ordinary skill and knowledge, and must apply without mistake what is settled in his profession; and must have the knowledge of the best and leading authorities in his science, down to the time the act is performed, or he is liable for damages that may accrue from his practice.

#### LAW REGULATING THE PRACTICE OF MEDICINE IN THE STATE OF ILLINOIS.

Every person practicing medicine, if a graduate in med-

icine, shall present his Diploma to the State Board of Health, for verification; if found to be genuine, the State Board of Health shall issue its Certificate to that effect, and such Diploma and such Certificate shall be conclusive as to the right of the lawful holder of the same to practice medicine in this State. If not a graduate, the person practicing medicine in this State shall present himself before said Board and submit himself to such examinations as the said Board shall require, and if the examination be satisfactory to the Examiners, the said Board shall issue its Certificate in accordance with the facts, and the lawful holder of such Certificate shall be entitled to all the rights and privileges herein mentioned.

Every person holding a Certificate shall have it recorded in the office of the Clerk of the County in which he resides. Any person removing to another County to practice, shall record the Certificate, in like manner, in the County to which he removes.

The State Board of Health may refuse Certificates to individuals guilty of unprofessional or dishonorable conduct, and they may revoke Certificates for like causes.

Any person shall be regarded as practicing medicine, within the meaning of this Act, who shall profess publicly to be a physician, and to prescribe for the sick, or who shall append to his name the letters of "M. D."

## THE TEMPERAMENTS.

**SANGUINE TEMPERAMENT.** The *form* is full and round, neither very gross nor very spare, and the *muscles* firm and elastic. The *complexion* is florid and ruddy, from the rich capillary circulation. *Arterial blood* abounds, the veins being small, the circulation active, and the *pulse* full and quick. The *bodily functions* are quickly and easily performed. Mind and body are quickly stimulated into action, and there is great endurance.

There is an intense animation and buoyancy of spirits, and in the mental sphere rapid thought, vivid imagination and quick perception.

Subjects of this temperament are prone to congestions, inflammations and fevers, and all diseases are inclined to take on inflammatory action.

**Remedies.** *Aconite. Belladonna, Bryonia, Gelsemium, Veratrum vir.*

**NERVOUS TEMPERAMENT.** The *habit* is spare, the frame somewhat angular, the *muscles* spare, and not well defined. The skin is dark, dull, earthy, or sallow, and hot and pungent to the touch. The cranium is large. The *circulation* is languid, with a preponderance of the venous system, the

*pulse* variable and easily excited. The face has the lineaments of energy, and movements are hasty and abrupt.

The mental powers are large, and capable of persistent exercise. The affections are violent, and the sexual passions usually very strong. Sensations have an intensity far in excess of the exciting cause.

The individual is subject to neuralgia, nervous diseases, spasmodic affections, and mental disorders.

**Remedies.** *Atropia, Ignatia, Coffea, Valerian, Moschus, Phosphorus, Zincum.*

**LYMPHATIC TEMPERAMENT.** The *body* is heavy, inclined to corpulence, the flesh full, but soft; the joints and hands large, and the feet broad and flat. *Complexion* sallow or pasty, the hair light or reddish. The pulse is slow and easily compressed. The bodily functions are slow and languid. The chest and heart are inadequate in bulk to the rest of the body.

The mental processes are *slow*, though there is great firmness and constancy, and usually good judgment.

These subjects are inclined to glandular enlargements, catarrhal affections, abscesses and dropsies. There is slight power of resistance to acute diseases, with a tendency to take on the chronic form, especially of the strumous and asthenic kinds.

**Remedies.** *Arsenicum, Iodine, Calcareo, Hepar s., Mercurius, Sepia, Silica, Sulphur.*

**BILIOUS TEMPERAMENT.** Habit spare; muscles hard-knit; tendons wiry, complexion swarthy, with a yellowish tinge; sharp features; dark and deep-set eyes. They are characterized by violence of reaction to irritation, particularly of the biliary apparatus, with disturbances of the digestive functions, dark-colored urine, and constipation. The bilious derangement engenders melancholy, ill-humor and acrimony of temper.

**Remedies.** *Nux vom., Chamomilla, Bryonia, Sulphur, Podophyllum, Aloes.*

## INFANT DIET.

In order to prepare cow's-milk so as to adapt it to the wants of the infant organism, it must be diluted by the addition of a mucilaginous liquid, such as gum-Arabic-water, barley-water, gelatine, or oat-meal-water, some lime-water, sugar, and a little salt, in about the following proportions:

Oatmeal-water,	-	-	-	2 tablespoonfuls;
Lime-water,	-	-	-	1 tablespoonful;
Fresh milk,	-	-	-	3 tablespoonfuls;
Sugar-of-milk,	-	-	-	1 teaspoonful;
Salt,	-	-	-	a pinch.

This is sufficient for one feeding. Prepare it *fresh* as wanted.

**Oatmeal-water.** Soak a teacupful of oatmeal in a pint of water, with a little salt added, over night. Strain thoroughly, through a napkin, next morning.

**Barley-water.** Take a teacupful of pearl-barley, and soak it for half an hour in a little luke-warm water, previously salted. Drain off the water, pour the barley into a pint of boiling water, and let it simmer one-half hour; when done, strain into a pitcher.

**Gum-Arabic-water.** Dissolve pure gum-Arabic in water, one part to ten, by bulk.

For very young babes, use the *gum-Arabic* water, in the proportion above given; for older children, barley-water if the bowels are loose, *oatmeal-water* if there be constipation. A little *gelatine* added to the mixture of milk and water, may be substituted for any of the above.

## DIET IN CHOLERA-INFANTUM.

Keep the child cool, let it have plenty of fresh air, and let it have *no food in which the process of fermentation has begun. Avoid starchy foods.*

The milk-and-barley-water, prepared as above, may be all-sufficient. Keep *litmus* paper on hand, and test the milk frequently; if it show any *acidity*, reject it.

**Albumen-water.** Gently stir the whites of two eggs into a half-pint of cold water, and sweeten with a little sugar-of-milk.

This is the most *simple* food that it is possible to obtain, and may be resorted to when all others fail.

**Wine-whey.** Heat a pint of fresh milk to the boiling point; add slowly a wineglassful of sherry wine, and let it gently simmer until the curd forms. Strain the whey through a cloth, and sweeten. This is nourishing and stimulating.

## DIET IN FEVERS.

Give *no solid food* to a fever-patient. Let all food be *simple* but *nutritious*. Give food at *frequent intervals* and in *small quantities*. Food for fever-patients should be fluid in form, easy of digestion, and highly nutritious. Those who have been properly nourished make the best recoveries. In typhoid and diseases in which the bowels have been affected, no solid food must be given until the stools are again consistent and fecal.

Milk is the best food that can be given. So long as the patient can take it, none other need be sought for.

**Beef-tea.** in the stage of depression, is useful as a stimulant.

**RECIPE.** Take one pound of fresh meat, cut very fine, soak in one-third of a quart of cold water over night. In the morning remove the meat, saving the water in which it has soaked. Put the meat in two-thirds of a quart of water, and let it simmer for two hours, keeping the water up to its original level by replacing what is lost by evaporation. Now pour the beef-broth into the cold liquor in which the meat was soaked, squeezing the meat as dry as possible. The meat which remains should be spread on a tin plate, and dried in an oven. When perfectly dry it can be easily reduced to a powder in a mortar. Mix this meat-powder in the liquor, and you have all the elements of the meat in a fluid form. Salt to taste, and add twenty drops of *Muriatic acid* and three grains of *Pepsin*.

This is the *only* preparation of beef-tea which contains all the elements of the meat.

**Rules for making Beef-tea.** Never let beef-tea boil. Always begin with *cold* water. Cut the meat very fine, and remove all fat, gristle and bones. The proper proportion is a pound to a pint. After making, carefully remove all traces of fat. To warm up beef-tea, put it in a bowl, and set the bowl in a vessel of hot water.

**Egg-nog.** One egg; one glass of milk; one dessert-spoonful of brandy; one dessertspoonful of sugar.

Carefully scald the milk, and let it afterwards become cold. Beat the sugar and egg up together to a froth, put into a glass, add the brandy and fill up with the milk. If wanted in a hurry, the milk may be used without scalding.

**Mutton-broth.** Take a pound of fresh mutton, free from fat; cut into thin slices with a sharp knife; put into a suitable dish, salt, pour over it a quart of *cold* water and let it *simmer* over a slow fire for an hour—then let it *boil* for an hour longer. Strain off the broth, refusing the meat fibre. Season with salt.

## RECTAL ALIMENTATION.

Preparatory to giving an enema, empty and wash the rectum by giving an injection of clean, warm water.

Force the enema in *slowly*.

Throw it as high up as possible.

Inject at intervals of two hours.

Inject no more than half a teacupful at a time.

Let the enema have a temperature of about that of the body—98° or 100° F.

**Warm-milk.** with a little salt in it, makes a simple and readily-absorbed enema. Heat the milk to the proper temperature, inject every two hours, and the patient is getting considerable nourishment.

**Beef-tea,** made according to the recipe given, makes a *very nutritious* enema. The pepsin and muriatic acid are necessary to fit it for absorption.

**Cod-liver-oil.** Chop fine a half-pound of beef-pancreas, cover this with water and allow it to stand for an hour in a warm place. Strain through a cloth. Mix an ounce of this pancreas solution in a half-ounce of Cod-liver-oil. and use as an injection in those cases in which it is desired to supply the system with fat.

## NUTRIENT SUPPOSITORIES.

Take a quantity of the whole-beef-tea, set the basin containing it in another vessel of hot water, and evaporate the water from the beef-tea until it becomes of a creamy consistence. Now add an equal quantity of Cacao-butter, melt both together, pour into a dish and allow the mixture to cool and solidify. With a warm knife cut into bits, and shape like a pigeon's egg. These nutrient suppositories introduced into the rectum at frequent intervals, will afford nourishment to the system in the neatest and cleanest way in which artificial alimentation can be practiced.

## MILK DIET.

Diabetes, Bright's disease, Dyspepsia, and some other diseases, undergo great improvement on an exclusive milk diet. The following rules will aid in carrying out this treatment.

Use *fresh* milk. The milk may be taken cold or warm, but it *must not be boiled* in the warming.

The first day take from *four to six* pints. This would be from two to three glassfuls taken every two hours during the day.

It is better to divide the day into equal periods and take frequent draughts—even though a glassful be taken every hour—than to take a large quantity on the stomach at once.

The quantity of milk should be increased from day to day until five or six quarts are taken daily. This quantity, six quarts, need not be exceeded.

In *Diabetes*, *nothing else* must be taken while the milk diet is used. If at the end of a week there is no improvement, the treatment may be abandoned. If the treatment be of benefit it will be denoted by a diminished amount of



urine, less sugar, and improvement in the general health. It should be continued from three to six weeks after all sugar has disappeared from the urine.

## POULTICES.

Cataplasms are *local baths*—they supply heat and moisture to a part, soften the cuticle, relax the skin, dilate the vessels, lessen tension and relieve pain.

Use in—Pneumonia, Pleurisy, Bronchitis, Pericarditis, Peritonitis, other internal inflammations, Rheumatism, Lumbago, and to mature Abscesses.

Rules. Do not remove one poultice till next is ready to replace it. A poultice should be applied as hot as it can be borne. Change a poultice every two or three hours by day, every four hours at night. To make a poultice retain heat longer, cover with oil-silk or cotton-wool. Peritonitis requires a *thin* poultice; cover with cotton-wool. In suppurations, do not let poultice be larger than the abscess it is intended to cover.

Linseed-meal. Put sufficient hot water into a *hot* bowl, sprinkle the meal into the water, stirring *vigorously* until the required consistency is attained, and lastly stir in a small quantity of olive oil. Spread smoothly and *evenly* on a piece of muslin, and cover with piece of cheese-cloth. Oatmeal poultices may be prepared in a similar manner.

Starch. Add a little cold water to the starch, and blend the two into a pap; then add sufficient boiling water to bring it to the required consistence, and spread on cloth. This is neat, bland and unirritating.

Disinfecting poultice. Anoint the part with Carbolic oil (1 to 10) and apply a pad of carded oakum, wrung out of hot water.

Fly-blister. Spread a thin layer of *Cantharides Cerate* on piece of brown paper, soft leather, or, preferably, a piece of *adhesive plaster*. Leave free margin around the salve. Moisten skin with vinegar, cover surface of plaster with tissue-paper moistened with vinegar, apply and secure by adhesive straps. From two to twelve hours minimum and maximum time to leave plaster on.

Cantharidal collodion. Dissolve gun-cotton in an ethereal solution of *Cantharides*. Apply by means of camel's-hair pencil. This makes a very effectual and easily-regulated *vesicant*.

Mustard-poultice. Mix some linseed-meal in a quantity of boiling water, to creamy consistence, then add same

quantity of mustard as of meal used, stirring constantly. Spread on a cloth, cover with gauze, and apply.

A mustard poultice should remain from ten minutes to half an hour, according to strength. Indicated when mild and rapid counter-irritation is required.

## MOIST FOMENTATIONS.

Used to relax spasm, as intestinal, renal and biliary colic.

**Directions.** Place a fold of flannel cloth in the middle of a towel, twist the *ends* of the towel, and dip the portion containing the flannel into boiling water, take out and *wring* it until as much water as possible is pressed away. Take out the flannel and apply to the painful part. Or, sprinkle a fold of flannel with warm water, and run a *very hot* flat-iron over it. Compresses lose their heat rapidly, and must be frequently renewed.

**Turpentine stupe.** If slight counter-irritation be desired, sprinkle the fomentation with turpentine.

**Poppy-fomentation.** Sprinkle the fomentation with *Laudanum*, if sedative action be desired.

## DRY FOMENTATIONS.

When *dry heat* is required, put into a flannel or muslin bag, of suitable size, a quantity of hot *sand*, hot *salt*, hot *bran* or hot *corn-meal*. A *hot plate*, wrapped in a cloth, answers well. A rubber-bag filled with hot water is the most perfect. Put *Acetate of Soda* into a tin can, tightly-closed, of suitable shape; set this in boiling water for thirty minutes; remove, wrap in flannel and apply to painful part. It will give off heat for many hours.

## COLD APPLICATIONS.

**Ice-bags.** Put pounded ice, with a little water, into a bladder or rubber bag, filling it only half full. Use for refrigeration and to contract the vessels and reduce congestion, especially in inflammation of the brain.

**Cold cloth.** Cloths may be simply wrung out of cold water, or, put some salt and pounded ice into a tin basin, set this on a wet cloth, stir, and the cloth beneath may be quickly frozen to any required degree.

**Cold drip.** Stand a vessel of cold water on a table higher than the patient's bed, put one end of a long strip

of lamp-wick into the water, and lay the other across a cold cloth which is applied to the inflamed part. A continuous stream of cold water is thus conveyed to the part, and the water which passes from it must be caught in a basin on the other side.

**Cold cap.** Stitch onto a muslin cap, made to fit the head, a coil of rubber tubing, arranged spirally, with the two ends free. Wet the cap, and put it on the head, then place one free end in a bucket of cold water, suspended at a height, and the other in another bucket on the floor. Let the water syphon from the upper to the lower bucket. When the upper one becomes empty, reverse their relative positions.

This is a very efficient method of refrigerating the head in cerebro-spinal meningitis, and in "brain-fever," when it is desired to apply *continuous* cold.



## BATHS.

### Temperature of Baths.

Cold	-	-	-	-	50° — 60°	Fahrenheit.
Temperate	-	-	-	-	75° — 85°	"
Tepid	-	-	-	-	85° — 95°	"
Warm	-	-	-	-	95° — 98°	"
Hot	-	-	-	-	98° — 110°	"

**Bran bath.** Boil four pounds of bran in one gallon of water, strain, and add the liquor to sufficient water for a bath. Use to allay irritability of skin, and to soften it in squamous diseases.

**Salt bath.** Add rock-salt in the proportion of one pound to four gallons of water. Used as an invigorating bath, and to lessen susceptibility to cold.

**Alcohol bath.** An ounce of *Alcohol* to the quart of water. Use for same purpose as salt-bath.

**Sulphur bath.** Twenty grains of *Sulphuret of Potassium* to a gallon of water. For skin-diseases and rheumatism.

**Mustard bath.** Add a handful of mustard to the ordinary hot bath, or a smaller quantity to a foot-bath. Use when stimulating action is required.

**Cold douche.** Lower patient's head, place rubber-cloth under, and pour cold water from a pitcher over crown of head, the pitcher being slowly and gradually raised higher and higher, so that the water may fall with more force. Used in sun-stroke, and intense cerebral congestion.

**Wet pack.** Spread a comfort and several blankets on the bed, and over these a sheet wrung out of cold water. Remove all of the patient's clothing, lay him in middle of sheet, draw the edges of sheet over, and wrap the patient in it snugly, then draw over one side after another of blankets and comfort, and make all snug. Put cold wet compress on forehead.

Used to reduce temperature in typhoid, and to develop delayed eruption in scarlet, and other specific fevers.

"It develops the rash, greatly reduces the fever, quiets the pulse, renders the skin moist and comfortable, and abates the restlessness and wandering." *Ringer*.

**Vapor bath.** *Improvised.* Place patient, with clothing removed, in large, cane-seated chair, and surround both completely with blankets, letting them extend to the floor, and be secured about patient's neck. Under the chair place basin of hot water, with alcohol-lamp beneath it; bring water to a boil, and patient will soon be brought into state of perspiration which may be carried to any desired extent. Use in Uræmia, Bright's disease, and whenever diaphoresis is required.

**Mercurial bath.** Given as above, by adding a metal plate, with lamp beneath, on which is put 60 to 180 grains *bi-sulphuret of Mercury*. Used sometimes in treatment of secondary syphilis.

## DISINFECTANTS.

To purify the atmosphere of a sick-room, nothing equals *an abundance of pure, fresh air*.

To ventilate a room, and at same time avoid a draft, raise the lower sash, and shut it down onto a folded blanket placed beneath it, leaving an aperture of several inches between lower edge of upper, and upper edge of lower sash.

**For Air of sick-room.** *R.* *Potassii permanganatis*, ʒj; *Acid Oxalici*, ʒj, mix, and moisten with twice the quantity (by bulk) of water; in two hours add a small quantity more of water. This will emit *ozone* freely enough for a large room, and it is an active disinfectant.

**For drinking-water.** Add sufficient *permanganate of potassium* to render it *slightly* pinkish in a strong light, then filter.

### For Water-closets, Vessels and Drain-pipes.

Hot water,	-	-	-	-	-	2 $\frac{1}{2}$	gallons;
Copperas,	-	-	-	-	-	4	pounds;
Carbolic acid,	-	-	-	-	-	4	pounds.

In typhoid fever, dysentery, etc., keep it in vessels, and pour it down water-closet freely.

**For Drains, Ditches and Sewers.** Disinfect with *Chloride-of-lime*:—one pound is sufficient for one thousand gallons of running sewage.

**For heaps of filth.** Cover with *Charcoal*, two or three inches deep, or with *dry earth*.

### For Washing Clothing.

Sulphate of Zinc,	-	-	-	-	2 $\frac{1}{2}$	ounces;
Carbolic acid,	-	-	-	-	1	ounce;
Hot water,	-	-	-	-	1	gallon.

Soak the clothes twelve hours, then wash. Use in cases of Erysipelas, Small-pox, etc.

**Fumigation after Contagious Diseases.** With *Sulphur*, only practical method. Heavy clothing, blankets, etc., to be disinfected, should be opened and exposed. Close the room as *tightly* as possible; stuff all cracks and paste paper over key-holes. Place the *Sulphur* in iron pans set on bricks, in wash-tubs containing a little water. Ignite it by aid of hot coals, or, a spoonful of alcohol poured over it and ignited with a match. Hasten from the room and keep it closed for twenty-four hours, then open windows wide and air it thoroughly. For a room ten feet square, use two pounds of *Sulphur*, and for larger ones a proportionate quantity.

Airy, well-ventilated sleeping apartments are of the utmost importance for the sick. The sick-room should also have such an exposure that it may receive, several hours of each day, the direct sun-light.

To prepare chromicised cat-gut:—One part of chromic acid is first added to five of water. One part of the solution thus made is then mixed with five of glycerine. Steep the gut in this for a week and it will be capable of resisting the action of the tissues for a fortnight.

## MICROSCOPICAL EXAMINATION OF THE URINE.

### GENERAL RULES.

1. Sediment in the urine has no significance unless deposited within twenty-four hours.

2. *Albumen* in the urine does not indicate kidney-disease unless accompanied by *tube-casts*. The most fatal form of Bright's disease (contracted kidney) has little or no albumen.

3. Every *white* crystal in urine, regardless of shape, is a *phosphate*, (except the oxalate of lime, which has its own peculiar form) when the urine is *alkaline*.

4. Every *yellow* crystal is *uric acid* if the urine is *acid*, or a *urate* if the urine is *alkaline*.

5. Mucous casts, pus and epithelium signify disease of the *bladder* (cystitis), or of other parts of the urinary tract, as determined by the variety of *epithelium*.

6. The urine of females can often be differentiated from that of males, by finding in it the tessellated epithelium of the vagina.

7. Hyaline casts (narrow), blood and epithelial casts, signify *acute* catarrhal nephritis. Much albumen.

8. Broad hyaline casts, and epithelial, dark granular, and oil casts, signify *chronic* catarrhal nephritis. At first, much albumen; later, less.

9. Hyaline and pale granular casts and little or no albumen signify *interstitial nephritis*.

10. Broader casts are worse than narrow casts, as far as diagnosis is concerned, for the former signify a *chronic* disease.

11. The urine should be *fresh* for microscopical examination, as the micrococci will change hyaline casts into granular casts, or devour them entirely, in a short time.

12. Trommer's test should never be trusted to alone, if the amount of sugar is small.

"The microscope gives better ideas of the exact condition of affairs in the examination of urine than the various chemical tests." *Dr. Formad*.



URIC ACID



URATES



PHOSPHATES



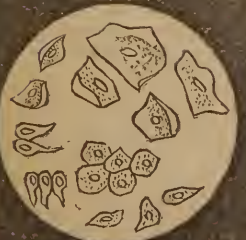
TRIPLE PHOSPHATES



OXALATES



PUS-MUCUS-BLOOD



EPITHELIAL CELLS



TUBE-CASTS

## URINALYSIS.

Albumen.	Render urine <i>slightly</i> acid—if not already so—by <i>Acetic</i> or <i>Nitric</i> acid; boil, and add one-teuth bulk <i>Nitric</i> acid.	A white, cloudy deposit on boiling, which <i>remains</i> after addition of the acid = <i>Albumen</i> .
Blood.	Heat the urine, then add <i>caustic potash</i> and <i>heat</i> it again.	A <i>dirty, yellowish-red</i> sediment, <i>blood-red</i> color by <i>transmitted</i> light = <i>Blood</i> .
Pus.	Let urine stand till sediment deposits—pour off super- <i>natant</i> fluid—add to remaining sediment equal volume <i>liquor potassæ</i> .	Mix well, and a <i>viscid, gelatinous</i> mass, which pours like white of egg = <i>Pus</i> .
Mucus.	Add to <i>freshly-voided</i> urine, some <i>Acetic</i> acid; if considerable turbidity appear, add <i>Hydrochloric</i> acid.	If turbidity disappear, the urine becoming clear on addition of the Hcl, = <i>Mucus</i> .
Bile.	Place <i>small</i> quantity urine and a few drops of red, “ <i>fuming</i> ” <i>Nitric</i> acid side by side on porcelain dish, and allow them to gradually intermingle.	A play of colors—green, blue, violet, red, and yellow or brown = <i>Bile</i> .
Sugar.	Add to urine few drops solution <i>Cupric sulphate</i> , then its own volume <i>liquor potassæ</i> , and boil. ( <i>Albumen must be absent</i> ).	A precipitate of <i>brick-dust-like</i> sediment = <i>Sugar</i> .
Sugar.	Take <i>two</i> specimens—to <i>one</i> add a bit of yeast; set side by side for twenty-four hours in temp. of 75° to 80° F., then take <i>specific gravity</i> of each.	If specimen which contained the <i>yeast</i> has <i>lower</i> sp. gr. than other = <i>Sugar</i> .
Urea.	Take equal parts urine and <i>Nitric</i> acid, mix in a test-tube and set aside.	Crystals of <i>nitrate of urea</i> —visible to naked eye—indicate excess of <i>Urea</i> .
Uric Acid.	Take urine <i>q. s.</i> , add <i>Hydrochloric</i> acid one-eighth part; set aside for twenty-four hours.	A precipitate of <i>square</i> crystals = <i>Uric Acid</i> .
Phosphates.	Boil the urine; if there is a cloudy deposit, add one-teuth part <i>Nitric</i> acid.	If the urine <i>clears up</i> on addition of the acid = <i>Phosphates</i> .
Chlorides.	Slightly acidulate urine with <i>Nitric</i> acid, and add few drops solution <i>Nitrate of Silver</i> .	Clumpy white precipitate = <i>Chlorides</i> .



## VITAL CAPACITY.

**Definition.** The capacity of the lungs, in cubic inches of air, as measured by the spirometer.

The *vital capacity* varies according to *sex, height, weight, age, and disease*.

**Sex.** The vital capacity of man exceeds that of woman, of same height, by about 38 inches.

**Height.** There is an increase of 8 cubic inches in vital capacity for every inch in height between 5 feet and 6 feet.

**Weight.** Excess in body-weight is associated with diminished capacity in the proportion of about one cubic inch per pound excess.

**Age.** From thirty to sixty years the vital capacity decreases nearly  $1\frac{1}{2}$  cubic inches per year.

**Disease.** In lung-diseases the vital capacity is always diminished, and bears a certain relation to the extent of the lesion.

## TABLE

GIVING VITAL CAPACITY OF MALES AND FEMALES, AT DIFFERENT HEIGHTS.

FEET.	INCHES.	M.	F.	FEET.	INCHES.	M.	F.
4	- - - 7	- - - 126	- - - 88	5	- - - 4	- - - 198	- - - 160
4	- - - 8	- - - 134	- - - 96	5	- - - 5	- - - 206	- - - 168
4	- - - 9	- - - 142	- - - 104	5	- - - 6	- - - 214	- - - 176
4	- - - 10	- - - 150	- - - 112	5	- - - 7	- - - 222	- - - 184
4	- - - 11	- - - 158	- - - 120	5	- - - 8	- - - 230	- - - 192
5	- - - 0	- - - 166	- - - 128	5	- - - 9	- - - 238	- - - 200
5	- - - 1	- - - 174	- - - 136	5	- - - 10	- - - 246	- - - 208
5	- - - 2	- - - 182	- - - 144	5	- - - 11	- - - 254	- - - 216
5	- - - 3	- - - 190	- - - 152	6	- - - 0	- - - 262	- - - 224

Of twelve phthisical patients examined, those who had lost over three-tenths of their vital capacity, only three lived longer than four months, as shown by the following table:

PATIENT.	LOST.	SURVIVED.	PATIENT.	LOST.	SURVIVED.
No. 1	- - - 4-10	- - - 12 ds.	No. 7	- - - 4-10	- - - 4 ms.
" 2	- - - 5-10	- - - 8 ms.	" 8	- - - 3-10	- - - 8 "
" 3	- - - 4-10	- - - 2 "	" 9	- - - 3-10	- - - 4 "
" 4	- - - 2-10	- - - 6 "	" 10	- - - 3-10	- - - 3 "
" 5	- - - 4-10	- - - 2 wks.	" 11	- - - 3-10	- - - 2 "
" 6	- - - 6-10	- - - 2 "	" 12	- - - 3-10	- - - 3 "

**Phthisis.** To examine sputum for elastic fibres, mix it with soda solution (℞ *Liquor Sodæ*, ℥j, *Aqua*, ℥ij. M.) and boil five minutes. Then dilute with equal quantity distilled water, and pour into a flat porcelain vessel. The particles suspended in the water may be taken out and examined under a microscope. The fibres are brown, slightly reticulated, and a fraction of a millimetre in length.

## ARRANGEMENT OF THE TEETH.

Temporary Teeth.	- -	{	Upper Jaw	2	1	4	1	2 = 10	20	
			Lower Jaw	2	1	4	1	2 = 10		
Permanent Teeth.	{	Upper Jaw	3	2	1	4	1	2	3 = 16	32
		Lower Jaw	3	2	1	4	1	2	3 = 16	

## PERIODS OF ERUPTION OF THE TEETH.

## Temporary Teeth.

6th or 7th month,	two middle incisors.
9th	“ two lateral incisors.
12th	“ first molars.
18th	“ canines.
24th	“ two last molars.

## Permanent Teeth.

6th or 7th year,	the four anterior or first molars.
7th	“ two middle incisors.
8th	“ two lateral incisors.
9th	“ first bicuspid.
10th	“ second bicuspid.
11th to 12th	“ canines.
12th to 14th	“ second molars.
17th to 21st	“ last molars or “wisdom teeth.”

Early closing of the fontanelles indicates early dentition, and *vice versa*.

The teeth of rachitic children are about one month late.

The “wisdom teeth” are the last to come and the first to go.

Children have been born with teeth (N. Y. Med. Jour., V. xxii., p. 444). Richard III. is said to have been born with teeth. Cases are recorded where adults never cut teeth (Boston Med. Jour., Mar. 6, 1879, p. 183). A man said to be over one hundred years old, cut a complete front set of teeth (German “*Ephemerides*,” dec. ij. ann. 3, p. 57). Complete *third sets* have been cut.

## TEMPERATURE.

1° Centigrade = 1.8° Fahrenheit.

Rule. To convert Centigrade into Fahrenheit, multiply by 1.8 and add 32.

Example:  $37^{\circ}\text{C.} \times 1.8 + 32 = 98.6^{\circ}\text{F.}$

Rule. To convert Fahrenheit into Centigrade, deduct 32 and divide by 1.8.

Example:  $104^{\circ}\text{F.} - 32 \div 1.8 = 40^{\circ}\text{C.}$

## EQUIVALENTS.

F.	C.	F.	C.	F.	C.
97.0°	=36.1°	100°	=37.7°	104°	=40.0°
98.0°	=36.6°	101°	=38.3°	105°	=40.5°
98.6°	=37.0°	102°	=38.8°	106°	=41.1°
99.0°	=37.2°	103°	=39.4°	107°	=41.6°

An increase of one degree Fah. above 98° corresponds with an increase of ten beats of the pulse per minute.

If, in the first week of a *supposed* case of typhoid, the temperature fall to normal, for however short a space of time, it is not typhoid.

Average temperature in health, 98.6° F. (37°C.). In rectum and vagina it is 0.9° to 1.3° F. higher. The daily range rarely exceeds 1.8 F. (1°C.) above or below the average. The axillary temperature may *fall* to 97° F. without collapse, or *rise* to 100° F. without fever.

"In an instance of injury to the spine after a fall, reported by Mr. Teale to the Clinical Society (*London Lancet*, March, 1875), the young lady lived, though the temperature reached above 122°, and ranged for days between 112° and 114° F." *Da Costa*.

## HYPODERMIC MEDICATION.

Select for injection, flexor side of arm, over biceps muscle, or abdomen, near umbilicus. Pinch up fold of integument between thumb and forefinger, insert point of needle well beneath integument, inject slowly, withdraw carefully. As rule, not more than *one-half* usual dose, as given by the mouth, should be injected.

## TABLE OF DOSES.

Muriate of Morphine,	-	-	-	-	$\frac{1}{8}$ to $\frac{1}{2}$ of a grain.
Sulphate of Morphine,	-	-	-	-	$\frac{1}{8}$ to $\frac{1}{2}$ of a grain.
Sulphate of Atropine,	-	-	-	-	1-120 to 1-30 of a grain.
Strychnine,	-	-	-	-	1-120 to 1-30 of a grain.
Sulphate of Soda,	-	-	-	-	2 grains.
Sulphate of Quinine,	-	-	-	-	2 to 4 grains.
Squibb's liquor of Opium,	-	-	-	-	5 to 40 drops.
Magendie's solution,	-	-	-	-	3 to 20 "
Tincture Hyoscyamus,	-	-	-	-	10 to 20 "
Tincture Cannabis,	-	-	-	-	10 to 20 "
Ergot, Fl. Ext.,	-	-	-	-	15 to 30 "

**Test for Chloroform.** When equal parts of *Purified Chloroform* and colorless, concentrated *Sulphuric Acid* are shaken together in a glass-stoppered vial, there should be no color imparted to either liquid, or but a faint tinge of color imparted to the acid after twelve hours' standing; neither should there be any sensible heat developed at the time of mixing.

*Chloroform*, as it evaporates from bibulous paper, should give but little foreign odor, and the paper should be left *odorless* after evaporation. *Chloroform* should not be used for inhalation without having been subjected to these tests.

**Iodoform.** To destroy the odor of, add three grains of *Cumarin* to a drachm of *Iodoform*. Mixing *Iodoform* with peppermint-oil also masks its odor.

**Rubini's Camphor.** Equal parts by weight of *Camphor* and spirits of wine. 60 degrees over proof. The spirits will dissolve and hold in solution its own weight of camphor.



**Ice.** To keep in sick-room, tie a piece of flannel loosely over the mouth of a bowl, put the pounded ice in the nest formed by the depression as the cloth hangs down in the bowl, and cover with another piece of same material. In this way it will last throughout a warm night. Break bits off, as wanted, with a pin.

## HARDENING BANDAGES.

**Starch Paste.** Starch is stirred in cold water to a uniform, cream-like consistence, and then, constantly stirring, boiling water added to produce a clear, thickish mucilage.

**Starch Bandages** are made by drawing through this paste ordinary roller-bandages, of strips of muslin.

**Starch Splints.** Draw strips of paste-board once quickly through hot water, then thickly smear both sides with the paste.

**APPLICATION.** Pad recesses about joints with cotton-wool, apply moist flannel roller, lay starch splints over this, and then bandage with starch roller. Envelop whole with dry roller bandage.

**Plaster-of-Paris.** Mix in porcelain dish, constantly stirring, pouring on sufficient water to make paste consist-

ence of thick cream. It stiffens in five to ten minutes. To delay setting, add more water, or powdered borax; to hasten, use *hot* water, or add common salt.

**Application.** Cover limb with dry roller bandage, then apply plaster bandage over this.

## WEIGHTS AND MEASURES.

To learn to write prescriptions, in terms of *Grammes*, is really a very easy matter indeed, it being only necessary to bear in mind the following *approximate*

### EQUIVALENTS:

1 Grain (gr.) equals .06 Gramme (Gm.);  
 1 Drachm (ʒ) equals 4. Grammes (Gm.);  
 1 Ounce (℥) equals 30. Grammes (Gm.); hence,

To convert Grains (or M.) into Grammes, *multiply by .06*;  
 To convert Drachms (or fʒ) into Grammes, *multiply by 4*;  
 To convert Ounces (or f℥) into Grammes, *multiply by 30*.\*

N. B. Use an upright line in the decimal place.

### EXAMPLES:

#### IODOFORM POWDER.

						Gm.
R <sup>j</sup> .	Thymol,	-	-	(m j)	-	06
	Iodoform,	-	-	(grs. xxx.)	-	1 80
	Calamine,	-	-	(ʒj)	-	4
	Starch,	-	-	(ʒj)	-	30

Mix.

#### BROMIDIA.

R.	Ext. Cannabis Ind.,				Gm.	
	Ext. Hyosciami,	-	aa	(grs. iiij.)	-	18
	Brom. Potass.,	-	-			
	Chloral Hyd.,	-	aa	(ʒvj)	-	24
	Syrup simpl.,	-	-	(ʒj)	-	30
	Aqua pura.,	-	-	(ʒij)	-	60

Misce.

## SIGNS OF DEATH.

1. The entire and continuous cessation of the *heart's action*. This must be tested by a *practiced* ear, using the stethoscope. Or, tie a ligature tightly about a finger: the part beyond the constriction will, if there be circulation, become bluish-red, while, where the ligature is applied

\*More accurately, .065 (.06); 3.9 (4); 31.1 (30).

there will appear a narrow white band. If, during life, a little *Ammonia* solution be injected subcutaneously, a port-wine congestion is set up in the surrounding parts: no such redness results when the operation is performed on a dead body.

2. The entire and continuous cessation of *respiration*. *Test* by the surface of a cold mirror held over the mouth: if moisture condense, breathing has not ceased. Hold a light feather over the lips, to see if there be a current of air passing. Set a glass of water on the chest—motion, if present, will be indicated by the images of surrounding objects reflected from the surface of the water.

Six hours after cessation of signs of life, if the muscles do not respond to a strong electrical current, *life is certainly extinct*.

## ARTIFICIAL RESPIRATION.

To be resorted to in *all cases* of suspended animation if the respirations fall below *ten to the minute*.

Remove all clothing from chest and arms. Clear mouth of mucus. Patient on back, with small, firm cushion, or roll of clothing, under shoulders. Pull tongue forward and secure it by string tied over tongue and under chin.



Stand or kneel behind and at head of patient. Grasp the arms just above the elbows, and draw them gently and steadily outwards, upwards and backwards, till they meet above the head, keeping them in that position for two seconds.



Then, flex the arms at the elbows and return them slowly to the sides of the chest, and press the arms *firmly*

against the chest, holding them there for two seconds. Repeat this process at the rate of *fifteen* or *eighteen* times a minute. When spontaneous respiration has become re-established, cease further effort, and proceed to induce circulation and warmth.

In changing operators do not miss a single movement. Occasionally blow a little of the vapor of *Ammonia*, or a little snuff, into nostrils. Persevere in this treatment for *hours*.

*After breathing has been restored*, promote warmth by rubbing limbs upwards, with firm, grasping pressure, and energy, using flannels, handkerchiefs, etc. Continue the friction under the blankets, or over dry clothing. Promote warmth by application of hot bottles, hot bricks, bladders of warm water, etc., to pit of stomach, armpits, between the thighs, to soles of feet. Provide at all times for free supply of fresh air.

As soon as patient can swallow, give hot water, by teaspoonful, and follow it by wine, diluted brandy, or coffee. Put him in a warm bed, and encourage a disposition to sleep.

## TRANSFUSION.

To support patient until transfusion can be performed—Keep head low; raise the limbs; make friction from distal end towards the body, and then apply snug bandage about the limbs, near to body, Maintain warmth.

The object to be attained is to fill the blood-vessels, and *get up vascular tension*, so that the heart will have something to contract upon. For this purpose use the

### Solution of Schwartz:

R.	Distilled water, 100° F.,	-	2	pints;
	Common Salt,	-	1½	drachms;
	Liquor Sodæ,	-	20	drops. <i>Mix.</i>

Select *median basilic vein* at elbow, or *internal saphenous*, in front of internal malleolus. The collapsed vein is sometimes hard to find—cut down onto it, expose it freely, and pass two ligatures under it. With one ligature, tie the vein at the exposed portion which is nearest the hand or foot; push the other ligature to the other end of the wound.

Open the vein by raising the upper wall with a fine pair of toothed forceps, beneath which an oblique slit is to be made with scissors, so as to make a small, flap-like opening. Raise the flap, and pass in the bulbous point of a canule (glass, vulcanite or silver), directed towards the centre of circulation. Tie this in the vein with the second ligature.



Have ready a glass funnel, to which is attached a foot of rubber-tubing, with the *canule* at the other end. Have the tube guarded by a *clip*. Pour the *Solution* into the funnel; open the clip, and let the *Solution* start from mouth of the canule, when the clip must be shut, and the point immediately introduced into the vein. Now open the clip, raise the funnel and the patient's arm, and the *Solution* will be forced into the vein by hydrostatic pressure.

Admit *no air*. A few small bubbles of air do no harm—the quantity to cause death must be considerable. Inject no clots or foreign particles, which may act as *emboli*. Keep the *Solution* in a clean, warm, glass vessel.

*Inject slowly*. Quantity—a half-pint to a pint. If signs of dyspnœa appear, stop the injection by lowering the funnel, and wait for it to subside. During process keep *Solution* warm by wrapping funnel with hot flannels.

As soon as funnel nearly empty, withdraw canule from vein, apply compress and treat as simple wound.

## POISONING.

### EMETICS.

**Apomorphia.** Solution in water, 1 to 50; inject 5–10 drops hypodermically. This is the most *prompt* and *efficient* emetic known.

**Ipecacuanha**, powdered, 30 grains, in water.

**Sulphate-of-zinc**, 30 grains in water; repeat if necessary. Prompt and safe.

**Sulphate-of-copper**, 5 to 10 grains dissolved in water.

**Mustard**, a tablespoonful in a half-pint of warm water.

**Common salt**, two tablespoonfuls in a half-pint of tepid water.

### ANTIDOTES.

**For Opium.** Atropia sulph., gr. one-fortieth, or, Tr. Belladonna, 15 drops, repeated in 15 minutes if necessary. Strong coffee, *ad libitum*.



**For Arsenic.** Dialyzed Iron, ounce doses frequently repeated. Hydrated Peroxide of Iron, give *ad lib.* Iron-rust.

**For Strychnine.** Chloral, 30 grains, repeated if necessary; Bromide of potassium,  $\bar{\text{z}}\text{ss.}$ ; Animal Charcoal, *ad lib.*; Tannic acid, *ad lib.*; Chloroform: Ether; Nitrite of Amyl, by inhalation.

**For Acids.** Lime-water, *ad lib.*; chalk-and-water; Magnesia, mixed in water; Ammonia and water,  $\bar{\text{z}}\text{j}$  to  $\bar{\text{z}}\text{viii}$ ; Ashes; Plaster from the wall; Tooth-powder, in water; Soap and water.

**For Alkalies.** Vinegar, freely; Acetic acid and water; Lemon-juice; Muriatic acid, freely diluted with water; any dilute acid.

**For Narcotics.** Coffee, *strong*, given freely; Nitrite of Amyl by inhalation; Ammonia; Galvanism; Stimulants.

**Multiple Antidote.** R. Saturated Solution Sulphate of Iron,  $\bar{\text{z}}\text{ijss}$ ; Water  $\bar{\text{z}}\text{xx}$ ; Calcined Magnesia,  $\bar{\text{z}}\text{ij}$ ; Animal Charcoal,  $\bar{\text{z}}\text{j}$ .

Keep Iron solution separately, and the Magnesia and Charcoal mixed in a bottle of water. When required for use, pour all into bottle together, and *shake*. Give *ad lib.*, a wineglassful at a time.

This is a perfect antidote to *Arsenic*, *Zinc* and *Digitalis*; it delays the action of *Salts of Copper*, *Morphine* and *Strychnine*, and slightly influences *Salts of Mercury*.

**Stimulants.** Wine, Whisky, Brandy, Ammonia, Tea, Coffee, Ether.

**Instruments.** Stomach-pump, Hypodermic syringe, soft-rubber catheter, enema-syringe.

**Demulcent Drinks.** Milk; white of an egg and water; oil; linseed-tea; gruel; flour and water; boiled starch. Give in *large quantities*.

## GENERAL DIRECTIONS.

**Emetic.** Give that emetic which can be *most speedily* obtained. If it be a *corrosive* poison, give *copious draughts of demulcent drinks*, followed by an emetic and the appropriate antidote. If the emergency be great, and no emetic at hand, give copious draughts of tepid water, even though it be dirty or greasy; then run the finger down the throat, to excite vomiting. The action of an emetic is facilitated if *large quantities* of fluid be swallowed.

**Depression.** if present, must be combated by *stimulants*, warm applications to the extremities, friction, galvanism, and, if the respirations fall below *ten per minute*, *artificial respiration* must be employed. *Catheterize bladder* in prolonged cases.

**Battery.** One pole at the side of the neck, the other over pit of stomach, or muscles of the chest. Or, touch the two poles to different attachments of the muscles of the chest, using *strong* current, sufficient to excite pain, and produce efforts at crying.

**Flagellation.** In poisoning with *narcotics*, to combat the *depression*, and keep patient from sinking into fatal *stupor*, slap the skin with wet towels, spat the skin sharply, rub the soles of the feet with a stiff hair-brush; make every effort to *rouse* him. *Walking* the patient only adds *exhaustion* to *stupor*—better lay him on a lounge and use *flagellation*.

**Douches.** To aid in *rousing* when there is *stupor* and *depression*, dash *cold* and *warm* water, alternately, onto the head and chest. In apparently hopeless cases, two or three *sharp* blows on the chest, delivered in quick succession, will sometimes restore the heart's action.

**Stimulation.** Alcoholic stimulants may be used if the poison is *not a narcotic*. *Coffee* may be employed as a stimulant in *Belladonna*, *Opium* and other narcotic poisoning; give an *enema* of a pint of hot, *strong* coffee. *Ammonia* may be given by inhalation, or by injection into veins. *Strong tea* is an excellent stimulant, and it also antidotes many poisons; give by the stomach, if possible. Whiffs of *Ether*, by inhalation, will stimulate the heart's action.

**Demulcents.** In cases of poisoning by *corrosive* substances, give, after the administration of the antidote and emetic, *large quantities* of *mucilaginous* drinks; preferably, white-of-egg and water.

**Stomach-pump.** If it become necessary to wash out the stomach, and no pump is at hand, pass down the œsophagus and into the stomach, the end of a long rubber tube. Raise the free end above the patient's head, attach a small funnel to it, and pour down sufficient water to fill the stomach. Now carry the free end below the level of the stomach, and its contents will flow out, when, by repeating the process, fresh water may be syphoned back, and this process repeated indefinitely.

KIND OF POISON.	TREATMENT.
Unknown.	{ Provoke <i>repeated</i> vomiting; { Give <i>demulcent</i> drinks; { Multiple <i>antidote</i> ; { Stimulate, if necessary.
Opium, Morphine, Landanum. Chloral.	{ Provoke <i>repeated</i> vomiting; { Give strong <i>coffee</i> , etc.; { Inject <i>Belladonna</i> ; { Rouse by flagellation; { Artificial <i>respiration</i> .
Arsenic. <i>Paris green</i> , <i>Scheele's green</i> .	{ Provoke <i>repeated</i> vomiting; { Give dialyzed <i>iron</i> , etc.; { Give dose <i>castor-oil</i> ; { Secure <i>rest</i> ; { Stimulate, if necessary.
Strychnine, Picrotoxine.	{ Provoke vomiting once or twice; { Give <i>purgative</i> ; { Give <i>Chloral</i> , etc.; { Secure <i>absolute</i> quiet.
Acids— <i>Sulphuric</i> , <i>Nitric</i> , <i>Muriatic</i> , <i>Oxalic</i> , <i>Carbolic</i> .	{ Give an <i>alkali</i> ; { Provoke vomiting; { Demulcent drinks; { Stimulate, if necessary.
Alkalies— <i>Ammonia</i> , <i>Soda</i> , <i>Potash</i> , <i>Lye</i> .	{ Give an <i>acid</i> (vinegar); { Provoke vomiting; { Demulcent drinks; { Stimulate, if necessary.
Corrosive sublimate, Tartar emetic.	{ Provoke <i>repeated</i> vomiting; { Give strong <i>tea</i> , freely; { Give raw <i>eggs</i> and <i>milk</i> ; { Give dose <i>castor-oil</i> ; { Stimulate, if necessary.
Phosphorus.	{ Provoke vomiting; { <i>Sulphate of copper</i> , sol. grs. iij, every 5 ms., till emesis; { <i>Epsom salts</i> , $\bar{\text{z}}$ ss.; { No oils or fats.
Nitrate-of-silver. ( <i>Lunar caustic</i> ).	{ Strong solution salt and water, <i>very</i> freely; { Provoke <i>repeated</i> vomiting.

Sugar-of-lead.	{ <ul style="list-style-type: none"> <li>Give <i>Epsom salts</i> repeatedly;</li> <li>Provoke <i>repeated vomiting</i>;</li> <li>Give <i>demulcent drinks</i>;</li> <li>Give dose <i>castor-oil</i>.</li> </ul>
Aconite.	{ <ul style="list-style-type: none"> <li>Provoke <i>vomiting</i>;</li> <li><i>Stimulants</i>, freely;</li> <li><i>Digitalis tinct.</i> gtt. xx, <i>hypo-</i> <i>derm.</i>; mustard over heart;</li> <li><i>Artificial respiration</i>.</li> </ul>
Digitalis.	{ <ul style="list-style-type: none"> <li>Provoke <i>vomiting</i>;</li> <li>Give strong <i>tea</i>;</li> <li>Give <i>stimulants</i>;</li> <li><i>Recumbent posture</i>.</li> </ul>
Belladonna, Stramonium, Hemlock, Toadstools, Tobacco.	{ <ul style="list-style-type: none"> <li>Provoke <i>vomiting</i>;</li> <li><i>Stimulants</i>, freely;</li> <li>Hot, strong <i>coffee</i>;</li> <li><i>Opium</i>, tinct., gtt. iij—v, or more;</li> <li>Cold to head, galvanism, flag- ellation;</li> <li><i>Artificial respiration</i>.</li> </ul>
Chloroform, Carbonic-acid-gas.	{ <ul style="list-style-type: none"> <li>Abundance of <i>fresh air</i>;</li> <li>Pull <i>tongue</i> forward, clear mouth;</li> <li>Loosen clothing,—head <i>low</i>;</li> <li>Alternate <i>cold</i> and <i>warm</i> <i>douche</i>;</li> <li>Inhalations <i>Amyl Nitrite</i>—<i>Am-</i> <i>monia</i>;</li> <li>ARTIFICIAL RESPIRATION!--<i>Bat-</i> <i>tery</i>.</li> </ul>
Alcohol.	{ <ul style="list-style-type: none"> <li>Stomach-pump, or <i>emetic</i>;</li> <li><i>Ammonia</i>-and-water;</li> <li>Battery and <i>flagellations</i>;</li> <li>Cold <i>douche</i> to head;</li> <li><i>Artificial respiration</i>.</li> </ul>
Decayed Meats and Vegetables.	{ <ul style="list-style-type: none"> <li>Provoke <i>vomiting</i>;</li> <li>Give <i>purgative</i>;</li> <li>Powdered charcoal, freely,</li> </ul>
Glass.	{ <ul style="list-style-type: none"> <li>If particles of glass have been swallowed, let the patient eat <i>large quantities</i> of bread- crumbs, to envelope it—then give <i>emetic</i>. Do not let it pass into the bowels.</li> </ul>

# INDEX.

ABORTION, 96  
Abscess, 119  
Acne, 81  
Acupressure, 125  
After-pains, 104  
Agalactia, 108  
Ague, 19  
Ague, pernicious, 21  
Albumen-water, 146  
Alcohol-bath, 151  
Alcoholism, 69  
Alopecia, 81  
Amenorrhœa, 112  
Anæsthetics, 128  
Anal fissure, 132  
Angina pectoris, 49  
Antidotes, 164, 165  
Antiseptic surgery, 118  
Apoplexy, 68  
Apomorphia, 164  
Artificial respiration, 162  
Asiatic cholera, 91  
Aspiration, 131  
Asphyxia of new-born, 102

BANDAGES, 169  
Barber's itch, 81  
Barley-water, 146  
Bathing, 8  
Baths, 151  
Beef-tea, 147  
Bed, 8  
Biliary calculi, 59  
Bilious fever, 20  
Bilious temperament, 145  
Bladder, diseases of, 64  
Blepharitis, 83  
Brain, congestion of, 66  
Bran-bath, 151  
Break-bone fever, 19  
Bright's disease, 61  
Bromidia, 161  
Bronchitis, 30  
Bubo, 138  
Bunion, 134  
Burus, 124

CALCULI, biliary, 59  
" renal, 62  
Camphor, Rubini's, 169  
Cancerum oris, 41  
Cantharidal collodion, 149  
Carbuncles, 122  
Cautery, 125  
Catarrh, nasal, 24  
Cerebral meningitis, 67

Cerebro-spinal fever, 11  
Cervix, lacerated, 105  
Chancre, 135  
Chancroid, 135, 137  
Cholera, Asiatic, 91  
Cholera-infantum, 93  
Chorea, 75  
Chloasma, 81  
Chloroform, 128  
" test for, 150  
Circumcision, 133  
Climacteric, 115  
Coccygodinia, 133  
Cold cap, 151  
" cloth, 150  
" douche, 152  
" drip, 150  
" pack, 8  
Collapse, temperature, 5  
Collections, 143  
Colic, 51  
Comedo, 81  
Condylomata, 137  
Congestion of liver, 56  
Congestion of lungs, 34  
Congestive chill, 21  
Constipation, 51  
Convalescence, 9  
Convulsions, 76  
Conjunctivitis, 83  
Cord, prolapsus of, 99  
Coryza, 24  
Corns, 134  
Cough, 28  
" whooping, 29  
Craniotomy, 102  
Croup, 27  
Cystitis, 64  
Cystocele, 99

DEATH, signs of, 161  
Demulcents, 166  
Dengne, 19  
Diabetes mellitus, 94  
Diagnosis, 18  
Diarrhœa, 47  
Diet, infant, 145  
" in fevers, 146  
" in typhoid, 8  
Diphtheria, 89  
Disinfectants, 152  
Dissection wound, 122  
Dropsy, 88  
Douche, 166  
Duration pregnancy, 98  
Dysentery, 49

Dysmenorrhœa, 112

EAR, diseases of, 85

Eclampsia, 103

Ecthyma, 81

Eczema, 81

Egg-nog, 147

Emetics, 164

Endocarditis, 38

Entozoa, 55

Enuresis, 65

Epididymitis, 141

Epilepsy, 75

Epistaxis, 25, 126

Eruptive fevers, 18

Erysipelas, 85

Erythema, 81

“ nodosum, 81

Ether, 128

Eye, diseases of, 82

FEBRIS ICTERODES, 23

Fever, enteric, 5

“ intermittent, 10

“ jail, 9

“ puerperal, 107

“ remittent, 20

“ ship, 9

“ scarlet, 13

“ typhoid, 5

“ typhus, 9

Fevers, continued, 5

“ eruptive, 12

“ periodical, 19

Fissure in ano, 130

Fistula, rectal, 132

Flagellation, 166

Flexion, 126

Fly blister, 149

Fomentations, 150

Fumigation, 153

GANGLION, 133

Gangrene, 121

Gastralgia, 43

Gastric catarrh, 42

“ fever, 12

“ ulcer, 44

Glaucoma, 84

Gleet, 140

Good-will, 143

Gonorrhœa, 138

Gonorrheal ophthalmia, 83

Granular lids, 84

Gummata, 137

Gum-water, 146

HÆMATEMESIS, 45

Hæmaturia, 65

Hæmoptysis, 35

Hæmorrhage, 125

“ post-partum, 100

“ rectal, 127

“ urethral, 126

“ uterine, 127

Hæmorrhoids, 54, 131

Hare-lip, 129

Hay-asthma, 26

Headaches, 46, 47

Headache, nervous, 72

“ congestive, 71

Heartburn, 43

Heart, diseases of, 38, 39

Hemicrania, 72

Hives, 82

Hepatitis, 57

Hernia, 117

Herniotomy, 117

Herpes, 81

Hordeolum, 82

Hour-glass contraction, 102

Hydrocele, 141

Hydrophobia, 122

Hydrocephalus, acute, 77

“ chronic, 78

Hydrothorax, 37

Hymen, imperforate, 99

Hyperæmia of brain, 66

Hypodermic medication, 159

Hysteria, 75

ICE-BAG, 150

Iodoform, 169

“ powder, 161

Imperforate hymen, 99

Infant-diet, 145

Influenza, 26

Ingrowing nail, 134

Intertrigo, 82

Intussusception, 130

Itch, barber's, 81

Iritis, 84

“ syphilitic, 137

JAUNDICE, 58

Jail fever, 9

Jurors, 143

KERATITIS, 84

Kidney, amyloid, 62

“ red granular, 61

Kidneys, diseases of, 60, 62

Keratitis, 84

LACERATION of cervix, 105

“ of perineum, 104

Laryngitis, 27

Laryngismus stridulus, 77

Lead-colic, 52

Legal medicine, 142

Lente's solution, 22

Leucorrhœa, 114

Lichen, 82

Ligature, 125

Liver, congestion of, 56

Lithæmia, 95

Lithiasis, 95

Listerism, 118

Lung-fever, 33

Lungs, congestion of, 34

“ œdema of, 34

Lymphatic temperament, 144

## MALPRACTICE, 143

Mania, 103

Mastitis, 109

Meas es, 14

Meningitis, cerebral, 67

" cerebro-spinal, 11

Menorrhagia, 111

Mercurial bath, 152

Metrorrhagia, 110

Milk diet, 148

Milk-leg, 107

Miscarriage, 97

Morbilli, 14

Morphine-habit, 70

Mutton-broth, 147

Mustard bath, 151

Mustard poultice, 149

Myocarditis, 38

## NEVUS, 129

Nervous temperament, 144

Nephritis, 60-61

Neuralgia, 72

Nipples, sore, 110

Nursing, 8

## OATMEAL WATER, 146

Obstetrics, 96

Edema glottidis, 25

Edema of lungs, 34

Opium habit, 70

Ophthalmia, 83

" catarrhal, 83

" gonorrhœal, 83

" neonatorum, 83

" phlyctenular, 84

Orchitis, 141

Otagia, 85

Otorrhœa, 85

Ovaritis, 114

Ozæna, 25

Ozæna, syphilitic, 137

PARACENTESIS ABDOMINIS,  
130

Paraphimosis, 138

Palpitation, cardiac, 39

Parotitis, 41

Parturition, 99

Pemphigus, 82

Pericarditis, 38

Perineum, lacerated, 104

Pernicious ague, 21

Peritonitis, 50

Pertussis, 29

Phagedæna, 138

Phlegmasia dolens, 107

Pin-worms, 56

Pityriasis, 82

Placenta prævia, 100

" retained, 102

Pleuritis, 36

Pleurodynia, 37

Pneumonitis, 33

Podalic version, 100

Poisoning, 164-167

Poppy fomentation, 150

Poultices, 149

Post-partum hæmorrhage, 100

Premature labor, 97

Prolapse of cord, 99

Pruritus, 82

Psoriasis, 82

Puerperal eclampsia, 103

Puerperal fever, 107

" mania, 103

## RECTAL ALIMENTATION, 147

" fistula, 132

" hæmorrhage, 127

" stricture, 132

Remittent fever, 20

Renal calculi, 62

Respiration, artificial, 162

Retained placenta, 102

Retention of urine, 133

Rheumatism, 86

Rigid os, 99

" perineum, 99

Rose cold, 26

Rubeola, 14

Rubini's camphor, 161

Rupia, 137

## SALT BATH, 151

Sanguine temperament, 144

Sarcocele, 137

Scalds, 124

Scarlet fever, 13

Schwartz, solution of, 163

Sciatica, 73

Shingles, 81

Ship-fever, 9

Shock, 127

Sick-room, 7

Sick-headache, 46

Signs of death, 161

Simple fever, 12

Skin-diseases, 79-82

Small-pox, 16

Snake-bites, 122

Solution of quinine, 22

Spotted fever, 11

Sprain, 122

Starch poultice, 149

Stimulation, 166

Stings, 122

Stomatitis, 41

Stricture of rectum, 132

" of urethra, 140

Stye, 82

Styptics, 126

Sulphur-bath, 151

Suppositories, nutrient, 148

Surgery, 116

Syphilis, 134

" secondary, 136

" tertiary, 136

" treatment of, 135

## TAMPON, 111

Tape-worm, 55

- Teeth, 158  
 Temperaments, 144  
 Temperature, 5, 159  
 Tetanus, 74  
 Thoracentesis, 130  
 Tinea versicolor, 82  
 Tonsilitis, 41  
 Torsion, 125  
 Tough membranes, 99  
 Tracheotomy, 28  
 Transfusion, 163  
 Trepanning, 128  
 Turpentine stupe, 150  
 Twins, 102  
 Typho-malarial fever, 20  
 Typhus fever, 9  
 Typhus, abdominal, 5
- ULCERS, 120  
     " indolent, 120  
     " irritable, 120
- Uræmia, 63  
 Uric-acid diathesis, 95  
 Urethral hæmorrhage, 126
- Urinalysis, 154-156  
 Urine, retention of, 133  
 Urticaria, 82  
 Uterine hæmorrhage, 127
- VACCINATION, 17  
 Vapor-bath, 152  
 Variola, 16  
 Varioloid, 16  
 Venereal, the, 134  
 Venesection, 127  
 Version, 100  
 Virus, 17  
 Vital capacity, 157
- WATERBRASH, 43  
 Wet pack, 152  
 Weights and measures, 161  
 White leg, 107  
 Whooping-cough, 29  
 Wine-whey, 146  
 Wounds, treatment of, 118
- YELLOW FEVER, 23

## ERRATA.

- P. 25, for Ozæna,      *read* Ozæna.  
 P. 25. for gtts.,      *read* gtt.  
 P. 52, l. 11. for *Dros.*, *read* *Dios.*



# GROSS & DELBRIDGE'S

## HOMŒOPATHIC PUBLICATIONS.

---

**Diseases and Injuries of the Eye.** A Practical Treatise on the Medical and Surgical Treatment of the Diseases and Injuries of the Eye. By J. H. BUFFUM, M.D., O. et A. Chir.; Professor of Ophthalmology and Otolology in the Chicago Homœopathic Medical College. 450 pp. Cloth. Containing 150 wood engravings and 25 colored lithographs. \$4.50.

This work is intended as a text book for students, and a hand-book for the general practitioner. It is written in the clear and practical style so characteristic of the many other contributions to medical literature by the author.

The Homœopathic treatment given has been clearly indicated, and only those remedies are considered which have borne the test in extensive hospital and private practice.

---

**Lectures on Fevers.** By J. R. KIPPAX, M.D., LL.B., Professor of Principles and Practice of Medicine in the Chicago Homœopathic Medical College; Clinical Lecturer and Visiting Physician to the Cook County Hospital; Author of "Handbook of Skin Diseases," etc. Octavo. 460 pp. Illustrated. \$4.50.

This work consists of thirty lectures, embracing every form of Fever; its Definition, Histology, Etiology, Pathology and Homœopathic Treatment, making a most important and valuable addition to our literature. Printed in large type and on good paper.

---

**The Science and Art of Obstetrics.** By SHELDON LEAVITT, M.D., Professor of Obstetrics and Clinical Midwifery in Hahnemann Medical College and Hospital, Chicago; Author of "The Therapeutics of Obstetrics," etc. With an Introduction by Prof. Ludlam. 659 pages, octavo. Price, cloth, \$6.00; sheep, \$7.00.

We unhesitatingly place this book at the head of its department, and have no doubt it will become the Text Book of all our colleges.—*New York Medical Times.*

---

**A Physiological Materia Medica.** Containing all that is known of the Physiological Action of our Remedies, their Characteristic Indications, and their Pharmacology. By W. H. BURT, M.D. 992 pages, octavo. Cloth, \$7.00; sheep, \$8.00. Third edition.

We are sure that Dr. Burt's new work will have deservedly a rapid sale. Gross & Delbridge are a new publishing house in the medical line; but certainly they must be old hands in the business, for paper and printing leave nothing to be desired. May they never falter in such laudable work, and the eyes of the readers will bless them forever.—*Dr. Lilienthal in North American Journal of Homœopathy.*

**Clinical Companion to "The Physiological Materia Medica."** Being a Compendium of Diseases, their Homœopathic and Accessory Treatment, with valuable Tables and Practical Hints on Etiology, Pathology, Hygiene, etc. By W. H. BURT, M.D. 252 pp. Illustrated. Price, cloth, \$2.50. Flexible leather, \$3.00.

---

**A Complete Minor Surgery.** The Physician's Vademecum. Including a Treatise on Venereal Diseases. Just published. By E. C. FRANKLIN, M.D., late Professor of Surgery in the University of Michigan. Author of "Science and Art of Surgery," etc. Illustrated with 260 wood cuts. 423 pp. Octavo. Price, cloth, \$4; sheep, \$4.50.

---

**A Manual of Venereal Diseases.** Being a condensed description of those affections and the Homœopathic Treatment. By E. C. FRANKLIN, M.D., late Professor of Surgery in the Homœopathic Department of the University of Michigan; Surgeon to the University Homœopathic Hospital; Author of "Science and Art of Surgery," "A Complete Minor Surgery," etc., etc. 111 pages. Octavo. 1883. Price, \$1.25.

The work is written clearly, the description of disease is "to the point," the diagnostic symptoms can not well be misunderstood, and the indications for the use of the remedies considered are selected with care and sound judgment.

---

**Practitioner's Guide in Urinalysis.** By CLIFFORD MITCHELL, A.B., M.D., Professor of Chemistry and Toxicology, Chicago Homœopathic College. Author of "Manual of Urinary Analysis," "Clinical Significance of Urine," etc. 12 mo. Cloth. 205 pp. \$1.50.

No abler or more painstaking scholar than Dr. Mitchell adorns our school of medicine, and his work shows forth these characteristics in marked degree. It supplies a long-felt want, and no wide-awake physician can do without it.

---

**Lectures on Clinical Medicine.** By M. LE DR. P. JOUSSEL, Physician to the Hospital Saint-Jacques, of Paris. Translated with Notes and Additions by R. Ludlam, M.D., Professor of the Medical and Surgical Diseases of Women and of Clinical Midwifery in the Hahnemann Medical College and Hospital of Chicago. Large 8vo of over 500 pages. Cloth, \$4.50; half morocco, \$5.00.

The practitioner may here find cases analogous to puzzlers which occur in his own practice, and cannot fail to be benefited by their perusal.

**An Index of Comparative Therapeutics.** With pronouncing Dose-List in the genitive case—a Homœopathic Dose-List—Tables of Differential Diagnosis, Weights and Measures—Memoranda concerning Clinical Thermometry, Incompatibility of Medicines, Ethics, Obstetrics, Poisons, Anæsthetics, Urinary Examinations, Homœopathic Pharmacology and Nomenclature, etc., etc. By SAMUEL O. L. POTTER, A.M., M.D. Second edition. Cloth, \$2.00; Leather Tuck, \$2.50.

The leading feature of this book is its comparative tabular arrangement of the therapeutics of the two great medical schools. Under each disease are placed in parallel columns the remedies recommended by the most eminent and liberal teachers of both branches of the profession. By a simple arrangement of the type used, there are shown at a glance the remedies used by both schools, as well as the remedies peculiar to each, for any given morbid condition. Over forty prominent teachers are referred to, besides occasional references to more than thirty others. In the first class are Bartholow, Ringer, Phillips, Piffard, Trousseau, and Waring of the old school; Hempel, Hughes, Hale, Ruddock and Jousset among modern Homœopathic authorities.

---

**The Physician's Condensed Account Book.** An Epitomized System of Book-Keeping, avoiding the necessity of separate Journal, Day-Book and Ledger, combining system, accuracy, and easy reference, with a minimum of labor. 272 pages. Price \$3.50.

---

**The Physician's Day-Book and Ledger.** Arranged by T. D. WILLIAMS, M.D. 220 pp. Price \$2.00. Sample pages sent on application.

---

**Label Book,** for the use of Physicians and Pharmacists. Containing more than thirty-five hundred gummed labels in large clear type, and bound in a neat and substantial manner. Price 50 cts. Sent postpaid on receipt of price.

---

**The Soul and the Body.** *A Sermon to Medical Students.* By Rev. L. P. MERCER. 12mo. Cloth. 31 pp. 25 cts.

This discourse is simple, logical, scientific, eloquent. It elaborates and enforces the doctrine of the reality of the spiritual man, considering the relation of the soul to the body as presented by old opinion, by science, and by revelation.

---

**"Bless Thee, Bully Doctor!"** By M. E. DICHS, M.D. Illustrated by 100 finely executed wood-cuts. Cloth. 50 cts.

This is certainly the most extraordinary book of the year. The Author has gathered and put into book form the cream of the medical wit of the world, and the whole thing is profusely illustrated.

**Key Notes of Medical Practice.** By CHAS. GATCHELL, M.D., formerly Professor of The Theory and Practice of Medicine, University of Michigan; Attending Physician to Cook County Hospital. Pocket book. Flexible leather. 172 pp. \$2.00.

This is a complete hand-book of Medicine, Surgery and Obstetrics, and is in such form as to actually go into the pocket, making it a veritable *vade-mecum*.

---

**Ruddock's Family Doctor.** Being a reprint of Dr. RUDDOCK'S "Vade Mecum," "Diseases of Women," "Diseases of Infants and Children," and "Essentials of Diet." With Notes and Additional Chapters, by JAMES E. GROSS, M.D. 750 pp. Crown octavo. Cloth, \$3.00. Ready March 1st, 1884.

---

**The American Homœopathic Dispensatory.** Designed as a Text Book for the Physician, Student and Druggist. By T. D. WILLIAMS, M.D., Member Illinois State Pharmaceutical Association, Active Member American Public Health Association, late Attending Gynæcologist Cook County Hospital, etc. About 700 pp. Octavo. Ready April 1, 1884.

The above work will be to the Homœopathic school what the United States and National Dispensatories are to the Allopathic school—a *desideratum*.

---

**Clinical Papers on Ophthalmology and Otology.** By J. H. BUFFUM, M.D., Professor of Ophthalmology and Otology in the Chicago Homœopathic Medical College, and Author of "Diseases and Injuries of the Eye." 22 pp. Octavo. 20 cts.

---

**The Medical Era.** A Monthly Journal of Medicine. Each number contains 32 double-column quarto pages. Volume commences in July. Terms, \$2.00 a year in advance.

---

*For Sale at all Homœopathic Pharmacies or sent free by the Publishers on receipt of price. A discount of 20 per cent. to physicians.*

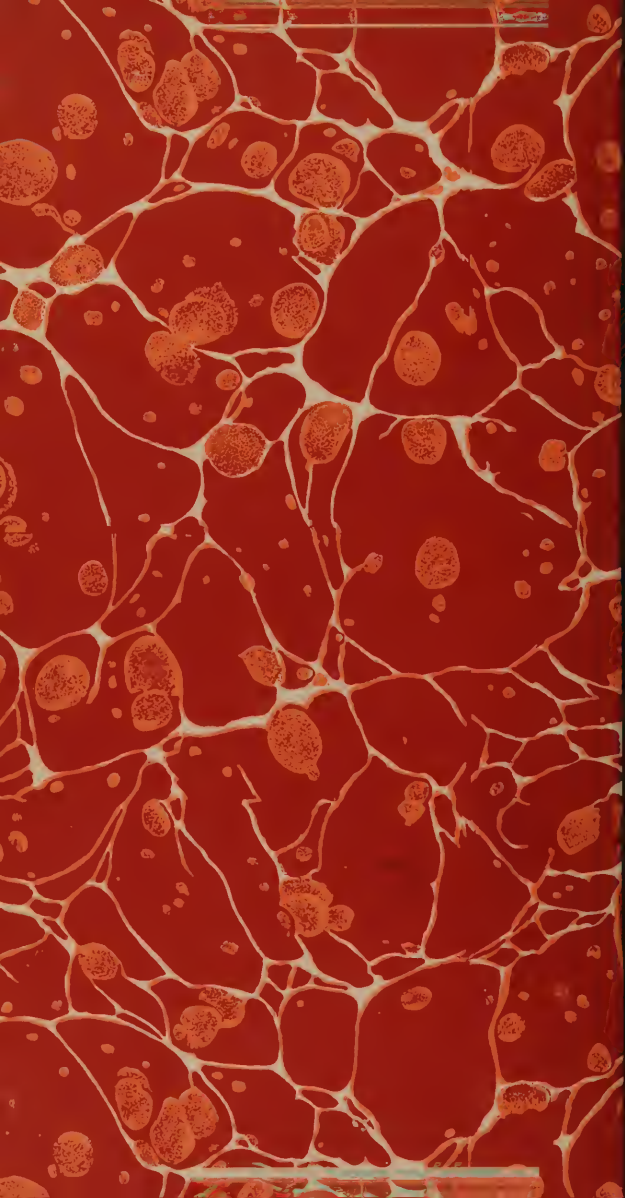
**GROSS & DELBRIDGE.**

48 Madison St., Chicago.

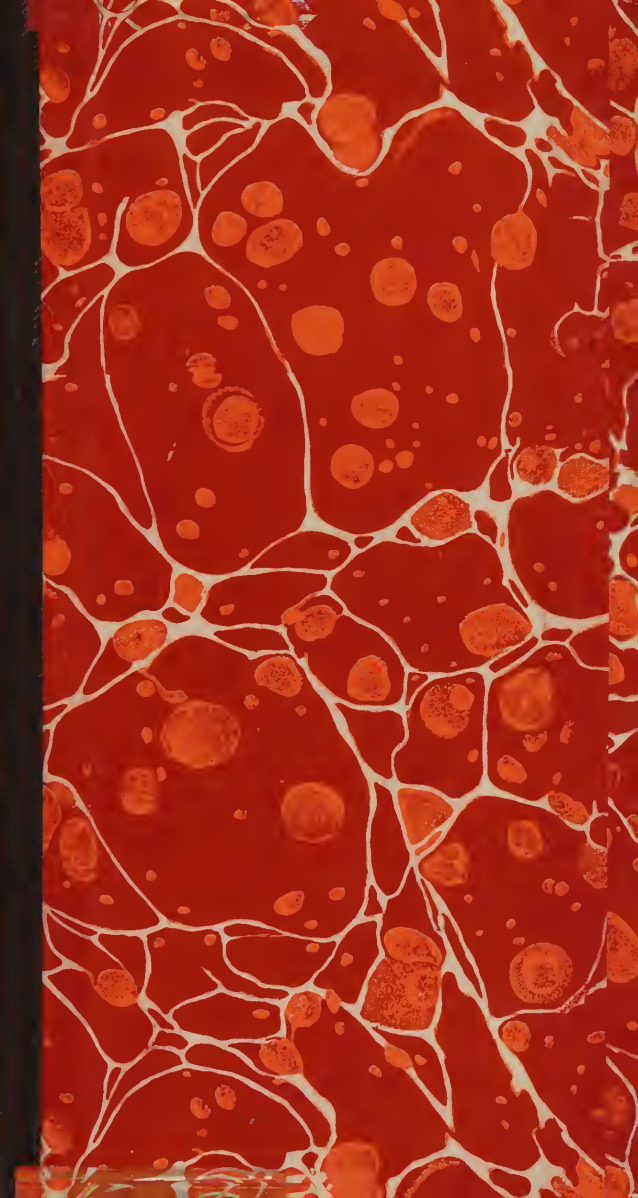












NATIONAL LIBRARY OF MEDICINE



NLM 00137411 3